



Veterinary Staffing Solutions

Club VSS Hospital Information & Terms

We are delighted that you are joining the new and exciting Veterinary Staffing Solutions, Club VSS! We truly believe that our club will have *great benefits to your practice!*

Clinic Name _____

Address _____

City _____

Website _____

Email _____

Please provide the email address where you will want confidential emails such as secret shopper results.

Phone _____

Contact Person and Title _____

Please list the veterinarian(s) in your practice.

Do you have open positions in your hospital? If so, please list them.

Is this position for Temporary Relief Permanent P/T Permanent F/T

What is the salary range for this position(s)? _____

What benefits does your company offer? _____

Additional Comments/Requests _____

How did you hear about us? _____

Name on Credit Card _____ Credit Card No. _____ Exp. _____

Club Terms

By completing and signing this form, I am requesting a membership with Club VSS. I agree to pay Veterinary Staffing Solutions, LLC \$39.99 per month for membership dues. I authorize Veterinary Staffing Solutions, LLC to collect this fee from the payment method I have provided. Payments will be processed on the 10th (tenth) day of every month). This agreement will be effective immediately upon receipt of my application. I understand that should I want to terminate my membership, I must notify VSS in writing or complete a membership cancellation form.

PLEASE RETURN COMPLETED FORM VIA FAX OR EMAIL
Veterinary Staffing Solutions 281-363-8157 Fax 281-754-4518
Email: admin@vetss.org Website: www.vetss.org