



Michigan Emergency Veterinary Network

*Frontline Guardians of
Michigan's Animal Health*

Michigan Department of Agriculture
College of Veterinary Medicine, MSU
Michigan Veterinary Medical Association
Michigan Department of Community Health
Michigan State University Extension
U. S. Department of Agriculture

APPLICATION

Date: _____

Name: _____ DVM LVT

Have you had any previous emergency preparedness training or experience? Yes No
If yes, please describe:

If you have not yet provided us with this information, please complete the following:

License Number: _____

Business Name: _____

Business Address:

Street _____

City _____ State _____ Zip Code _____ County _____

Mailing Address (where you would like to receive Vet Net/Vet Corps mailings):

Street _____

City _____ State _____ Zip _____ County _____

Business Phone Number: _____ Cell Phone Number: _____

After Hours/Emergency Number: _____

Fax Number: _____ E-mail Address: _____

Professional Area of Interest (Please circle all that apply)

- | | | |
|---|--------------------|----------------------------------|
| 1 Companion Animal | 2 Teaching | 3 Cervidae |
| 4 Cattle (dairy, beef, bison) | 5 Wildlife | 6 Regulatory |
| 7 Equine | 8 Zoo practice | 9 Diagnostic laboratory services |
| 10 Poultry | 11 Small ruminants | 12 Administrative |
| 13 Laboratory animals | 14 Aquaculture | 15 Public Health |
| 16 Research | 17 Swine | 18 Retired |
| 19 Other (Please list or describe): _____ | | |

Mail or fax this form to:

**Michigan Department of Agriculture
Animal Industry Division
P.O. Box 30017
Lansing, MI 48909
Fax: 517-373-6015**

For more information about the Michigan Emergency Veterinary Network, please call 517-373-1077, or visit Michigan's Emerging Diseases Web site at www.michigan.gov/emergingdiseases