
Nomination Form

Your Information

Name	Address		
City	State	Zip	Phone
E-mail			

Nominee Information

Hospital	Contact Name		
Address	City	State	Zip
Phone	Fax		
E-mail			

Please include a paragraph about why this Hospital should be considered for the award.

Please Attach Photo

and

**Pamphlets, brochures,
sample products, video,
audio, etc.**

In order to defray some of the expenses associated with the awards and evaluation process, "The American Animal Awards" asks those that are able to enclose a \$1 processing fee.

"The American Animal Awards" intend to honor those individuals, organizations, and the like for outstanding service to animals. Animals are also eligible for nomination where appropriate.

Mail this form to:

American Animal Awards
P.O. Box 070489
Milwaukee, Wisconsin 53207