



Program Enrollment

Hill's Pet Nutrition Canada Inc. VIP Market Program

Date of application (YYYY/ MM/ DD): _____

Language of correspondence: English French

Address of your affiliated veterinary practice (your order must be delivered to this address)

CDMV account #:

Address:

Legal business name:

City:

Business name:

Province:

Postal code:

Phone:

Fax:

Email:

Website:

Web user access: Fill this section to create your username (upper case)

*Primary web user: Last name

First name:

Email Address:

Username (do not use an email address):

*Mandatory field

Terms and conditions

Participation in this program for your staff members is on a voluntary basis. In the case of a participation in the program, you must:

- Give recommendations and instructions to staff members on the care of their animals and the appropriate diet in relation to their purchases.
- Approve applications for account openings by the staff of your veterinary practice.
- Accept that approved orders from your staff members are delivered to your veterinary practice. Please note that CDMV will make every effort to combine the order deliveries of your veterinary practice to those of your staff members.
- Keep an up-to-date list of your staff members and notify CDMV by email to account.info@cdmv.com in the event that a staff member is no longer employed by your veterinary practice.
- Inform employees of the terms and conditions of the program, accessible on the VIP market ordering platform.

If you have any questions about the VIP Market Program, please contact your food manufacturer's representative directly.

Declaration of the applicant (must be completed)

Consent

I hereby authorize CDMV Inc. to share information on my staff's purchases with Hill's.

Declaration of the veterinary practice owner (must be completed)

I accept that the individuals invited to purchase products through the VIP Market Program have their purchases be delivered to my veterinary practice. In the event that this person is no longer employed by my veterinary practice, I agree that I must notify CDMV Inc. by email at account.info@cdmv.com.

Name (upper case)

Licence number

Signature of the veterinary practice owner
(both parties acknowledge the validity of a fax as an original)

Date (YYYY/ MM/ DD)

Please notify us in writing of any change to your account (names, addresses, bank information, etc.)

Return the completed form by email to account.info@cdmv.com or by fax at 1-800-363-3134

IMPORTANT: Please anticipate a maximum of five business days to process your file.