Guiding You to Accurate Results.

BEACON
SPECIMEN COLLECTION SERVICES

VETERINARY PARTNER INTEREST FORM

Thank you for your interest in partnering with Beacon Specimen Collection Services. Please complete this form so we can learn more about your practice and how we can best support you and your clients.

PRACTICE INFORMATION

Practice Name _____

Clinic Type _____

☐ Small Animal ☐ Equine ☐ Mixed Animal ☐ Other _____

Practice Address _____

City _____ State _____ Zip _____

Phone _____

Website _____

Email _____

How did you hear about Beacon? _____

_____

PRIMARY CONTACT

Name _____

Title / Position _____

Phone _____

Email _____

Best way to contact you?

☐ Phone ☐ Email ☐ Text ☐ Other _____

INTEREST IN PARTNERSHIP

Which partnership level interests you most?

☐ Referral Partner ☐ Preferred Partner ☐ Premier Partner

☐ Not sure yet – please contact me to discuss.

What types of DNA testing are you most interested in referring?
(Check all that apply)

☐ Canine DNA Testing ☐ Feline DNA Testing ☐ Equine DNA Testing

☐ Other Animal DNA Testing ☐ All of the Above

What would be most helpful for your practice? (Check all that apply)

☐ Brochures & Client Education Materials ☐ Referral Forms

☐ In-Clinic Displays ☐ Co-Branding Opportunities

☐ Continuing Education & Resources ☐ Other _____

ABOUT YOUR PRACTICE

How many veterinarians are in your practice? _____

How many staff team members are in your practice? _____

Do you currently offer any in-house DNA testing? ☐ Yes ☐ No

If yes, what types? _____

_____

What are your main goals in partnering with Beacon?

☐ Provide clients with convenient DNA testing services

☐ Offer a trusted referral resource

☐ Improve client experience & satisfaction

☐ Expand services offered by our practice

☐ Increase awareness of DNA testing options

☐ Other _____

ABOUT YOUR CLIENTS

Which clients do you typically see for DNA testing needs?
(Check all that apply)

☐ Pet Owners ☐ Breeders ☐ Trainers ☐ Rescues / Shelters

☐ Equine Owners ☐ Other _____

What challenges do your clients face when seeking DNA testing?

_____

_____

Any additional comments or questions for us?

_____

_____

What Happens Next?

- Submit this form online, email, or fax.
- A member of our team will contact you within 2 business days.
- We'll discuss your practice needs and partnership options.
- You'll receive our **Veterinary Partner Information Packet.**
- We'll work together to create a **successful partnership!**

PLEASE RETURN THIS FORM BY EMAIL, FAX, OR ONLINE

info@beaconspecimen.com | (256) 800-5045 | www.beaconspecime

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