



Portland Veterinary Medical Association

Please return application to:

PVMA office
PO Box 6067
Portland, Oregon 97228

APPLICATION FOR MEMBERSHIP 2007-08

Please type or print legibly.

Name: _____

Spouse/Partner: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: () _____

Cell #: () _____

Email: _____

Birth date: _____ Birth state: _____

Would you like mailings sent to your business or home address? home business

Business name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business #: () _____

Fax #: () _____

Website: _____

Year of Graduation: _____

DVM degree from: _____

Degrees/Certificates held: _____

Would you like to be listed in our PVMA directory and database as a relief veterinarian? yes no

The PVMA office receives many calls from the public and fellow veterinarians seeking DVMs that provide specific treatments and services in various parts of the Portland/Vancouver area. In an effort to better utilize our referral system, we ask that you take a moment of your time and let us know a little more about your practice. Remember, without your replies, your office may miss a referral. The following information helps us to serve both you and the public better.

Please check all that apply to your practice:

Avian

Equine

Exotics

Feline (exclusively)

Large Animal (all species)

Pocket Pets/Rodents

Reptiles/Amphibians

Small animal

Other: _____

Small animal practitioners: Which of the following do you perform?

Tail dock **Ear Crop** Declaw **Debark**

Does your practice offer? Care credit Housecalls

Does your practice specialize in or have special interest in: (check all that apply)

Alternative Medicine

Chiropractic

Acupuncture

Homeopathy

Nutrition

Please check all that apply: Does your practice have...?

CT

Digital Radiograph

Endoscope

MRI

Surgical Laser

Ultrasound

I would like to apply for new graduate membership (\$35) new membership (\$175)

Please contact the PVMA office for prorated dues amounts (October- August)

I hereby submit my application for your consideration as a member of the Portland Veterinary Medical Association.

Signature of applicant: _____ Date: _____

Board Approved: _____ Date: _____