

# PVMA Membership Application 2009-10

Business information only will be used for the directory on our website and for referral calls from the public.  
All other information will be for PVMA office use only.

Please type or print legibly.

Name: \_\_\_\_\_

Business name: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business #: \_\_\_\_\_

Home #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Business Website: \_\_\_\_\_

Email address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth state: \_\_\_\_\_

DVM degree from: \_\_\_\_\_

Degrees/Certificates held: \_\_\_\_\_

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

home  business

Are you the *owner* or an *associate*? (please circle one)

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: \_\_\_\_\_
- Other: \_\_\_\_\_

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

Tail dock  Ear Crop  Declaw  Debark

*Does your practice offer?*

Care Credit  Housecalls (*general*)  Home Euthanasia  Boarding

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

- Alternative Medicine
- Chiropractic
- Acupuncture
- Homeopathy
- Nutrition
- Other: \_\_\_\_\_

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

- CT
- Digital Radiograph
- Endoscope
- MRI
- Surgical Laser
- Ultrasound
- Other: \_\_\_\_\_

**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: \_\_\_\_\_

**Please return application and dues to:**

**PVMA Office**  
PO Box 6067  
Portland, OR 97228