

PVMA Membership Renewal 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: _____

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: _____

Please let us know if you have any concerns, comments or suggestions? This is *your* association and we value your feedback!

DUE DATE: September 30, 2009

Please return application and dues to:

PVMA Office
PO Box 6067
Portland, OR 97228

Membership Dues: \$175.00 Would you like a receipt? mailed emailed none