

# PVMA Membership Renewal Application 2011-12

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

How would you like to receive our monthly newsletter publication?

\_\_\_ digitally by email \_\_\_ paper copy by mail

Are you a member of (please mark those that apply)?: \_\_\_\_\_ Oregon VMA \_\_\_\_\_ American VMA

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.

Which animals do YOU see in your practice? (please mark all that apply)

- \_\_\_ Avian
- \_\_\_ Equine
- \_\_\_ Exotics
- \_\_\_ Feline (exclusively)
- \_\_\_ Large Animal (all species)
- \_\_\_ Pocket Pets/Rodents
- \_\_\_ Reptiles/Amphibians
- \_\_\_ Small animal
- \_\_\_ Poultry (Backyard Chickens)
- \_\_\_ Other: \_\_\_\_\_

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

\_\_\_ Tail dock \_\_\_ Ear Crop \_\_\_ Declaw \_\_\_ Debark

Does your practice offer?

\_\_\_ Housecalls (general) \_\_\_ Home Euthanasia \_\_\_ Boarding \_\_\_ Other: \_\_\_\_\_

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

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

**To pay by credit card (VISA/MASTERCARD):**

Credit Card Number: \_\_\_\_\_

**The PVMA Membership year is October 1<sup>st</sup>-September 30<sup>th</sup>**

If you have any questions, please call: 503-228-7387

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Please return application and dues to:**

**PVMA Office**

PO Box 6067

Portland, OR 97228

**To pay by check:** Please enclose and mail check # \_\_\_\_\_

**Membership Dues: \$195.00** Would you like a receipt? \_\_\_ mailed \_\_\_ emailed \_\_\_ none