

PVMA Membership 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: _____

Year of Graduation: _____

Birth date: _____

DVM degree from: _____

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: _____

I would like to apply for: _____ new graduate membership (\$35) _____ new membership (\$195)

To pay by credit card:

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

I hereby submit my application for your consideration as a member of the PVMA.

Signature of applicant: _____

The PVMA Membership year is October 1st-September 30th

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

Please return application and dues to:

PVMA Office
PO Box 6067
Portland, OR 97228

Date: _____