

Membership Form



163 Lakeside Ave.
 Marlborough, MA 01752-4554
 Direct (508) 460-9333
 Fax (508) 460-9969
www.massvet.org

We rely on you to keep your contact and practice information, including your email address, current so that we can provide prompt notice of news and developments that affect you.

Membership takes effect now - December 31, 2023	
Name	Email
Home Address (City/State/Zip)	
Home Phone	Cell Phone
Are you a practice owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name	
Business Address (City/State/Zip)	
Business Phone	Website
Business Contact Name: (if not self)	Business Contact Email: (if not self)
Vet School AND Grad Year:	Date of Birth __/__/____
Board Certification(s):	License Number:
Gender Identity: <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary Please list your preferred gender pronouns:	Race/Ethnic Identity: <input type="checkbox"/> Prefer not to say <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> White/Caucasian
Preferred newsletter delivery <input type="checkbox"/> Digital <input type="checkbox"/> Print	Preferred Address <input type="checkbox"/> Home <input type="checkbox"/> Business
<input type="checkbox"/> Full Member (practicing in MA):	\$225.00
<input type="checkbox"/> Associate Member (live <u>and</u> work outside of Massachusetts, <u>or</u> Tufts faculty, <u>or</u> Retired from veterinary medicine):	\$115.00
<input type="checkbox"/> New Graduate (graduated in last 18 months):	FREE
<input type="checkbox"/> Student (current student):	FREE
I would like to make a donation to MVMA Charities <input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____
Total Due (Please note that your dues are 80% tax deductible)	\$_____
Payment Information	
Name on Card:	Authorized Signature:
Billing Address:	
Card Number: _____ Exp. __/__/__ Security Code _____	

The MVMA will not share your demographic data.

Please tell us more about your practice/specialties

Animals Seen (Select all that apply)

- Large Animal Small Animal
- Avian Bees Bovine Camelids
 Caprine Dog Equine Exotic
 Farm Feline Fish Food
 Laboratory Other Ovine Pocket Pets
 Porcine Poultry Primate Rabbits
 Reptiles Ruminant Swine Wildlife
 Zoo

Surgery (Select all that apply)

- No Surgery
- Laser Neuro Oral Orthopedic
 Repro Routine Soft Tissue

Are you a Mobile Veterinarian?

- Yes No

If Yes, which cities/towns do you cover?

Are you a Relief Veterinarian?

- Yes No

If Yes, what is your relief availability?

- Days Nights
 Weekdays Weekends
 Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Services Offered (Select all that apply)

- 24/7 Availability Acupuncture Allergy Behavior Cardiology
 Chemo Chiropractic Chronic Disease Complementary Critical Care
 CT Scan Dental Care Dental Radiography Dermatology Dialysis
 Digital Radiology EKG Emergency Endocrinology Endoscopy
 Food Therapy Hematology Herbal Homeopathy Home Euthanasia
 Hospice Hydrotherapy Immunology Infectious Dis. Internal Medicine
 Interventional Radiology Laser Therapy MRI Neurology Nutrition
 OFA X-Ray Oncology Ophthalmology Pain Management Pathology
 PennHIP Pharmacology Primary Care Rehabilitation Reproduction
 Respiratory Spay/Neuter Stress Management Ultrasound

Do you offer low cost/discount programs?

- Low-Income Seniors Veteran
- Other: _____

Emergency and Disaster Response:

- Transport large animals Transport small animals
 Shelter large animals Shelter small animals
 Provide direct medical care onsite at emergency
 Provide direct medical care at my facility

Find a Vet Online Directory:

The MVMA is a referral source for the public and fellow veterinarians. As such, your business information appears in our online search tool.

- Opt out of directory

MVMA Membership Auto-Renewal:

Your MVMA membership renews automatically each calendar year. You will be invoiced next year when renewals are due.

- Opt out of auto-renew

By signing below you attest that all information provided by you in this application is true.

Return form via Mail, Fax, or Email
 163 Lakeside Ave, Marlborough, MA 01752
 Fax: 508-460-9969
 Email: Admin@massvet.org