

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, 2024	
Name	Preferred Email
Home Address (City/State/Zip)	
Home Phone	Cell Phone
Are you a practice owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name
Business Address (City/State/Zip)	
Business Phone	Website
Vet School Year of Graduation	Date of Birth ___ / ___ / ____
Board Certifications	Preferred Address <input type="checkbox"/> Home <input type="checkbox"/> Business
Gender Identity Prefer not to say <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race/Ethnicity 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
How would you prefer to receive the newsletter <input type="checkbox"/> Digital <input type="checkbox"/> Print	
<input type="checkbox"/> Full Member (practicing in MA):	\$245.00 (\$225 if renew by 12/31/23)
<input type="checkbox"/> Associate Member (live <u>and</u> work outside of Massachusetts, <u>or</u> Academic faculty, <u>or</u> Retired from veterinary medicine):	\$135.00 (\$115 if renew by 12/31/23)
<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: _____ (Mastercard/Visa/AMEX)	Exp. ___ / ___ Security Code _____ (3 numbers on back of card, AmEx- 4 numbers on front)

The MVMA will not share your demographic data.

You can update your member preferences on the MVMA website: www.massvet.org

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

Practice/Organization Type (Select all that apply)

- Clinic Educational Government
 Hospital Non-Profit Pharma
 Private Practice Public Health Rescue
 Research Shelter/Humane

 Speciality: _____

 Retired (N/A)

Are you a Mobile Veterinarian?

- Yes No

If Yes, which cities/towns do you cover?

Geographic Served (Select all that apply)

- All of Massachusetts

 Boston Area Cape Cod Central MA
 Eastern MA MetroWest North Shore
 South Shore Western MA

 Other states: _____

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

Surgery (Select all that apply)

- No Surgery

 Laser Neuro Oral Orthopedic
 Repro Routine Soft Tissue

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

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