

# Membership Form



163 Lakeside Ave.  
Marlborough, MA 01752-4554  
Direct (508) 460-9333  
Fax (508) 460-9969  
[www.massvet.org](http://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, 2025	
<b>Name</b>	<b>Preferred Email</b>
<b>Home Address (City/State/Zip)</b>	
<b>Home Phone</b>	<b>Cell Phone</b>
<b>Are you a practice owner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Business Name</b>
<b>Business Address (City/State/Zip)</b>	
<b>Business Phone</b>	<b>Website</b>
<b>Vet School</b> <b>Year of Graduation</b>	<b>Date of Birth</b> ___ / ___ / ____
<b>Board Certifications</b>	<b>Preferred Address</b> <input type="checkbox"/> Home <input type="checkbox"/> Business
<b>Gender Identity</b> Prefer not to say <input type="checkbox"/>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	<b>Race/Ethnicity Identity</b> <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
<b>How would you prefer to receive the newsletter</b> <input type="checkbox"/> Digital <input type="checkbox"/> Print	
<input type="checkbox"/> Full Member (practicing in MA):	\$245.00 ( <del>\$225</del> if renew by 12/31/24)
<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 ( <del>\$115</del> if renew by 12/31/24)
<input type="checkbox"/> New Graduate (graduated in last 18 months):	FREE
<input type="checkbox"/> Student (current student):	FREE
<b>I would like to make a donation to MVMA Charities</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<b>Total Due</b> (Please note that your dues are 75% 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](http://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 (house call) 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

\_\_\_\_\_ Initial to opt out of the public Find a Veterinarian directory listing on MVMA's website.

**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