

NMVMA DATABASE UPDATE

If there have been any changes to your information, please let us know.

Personal Information

NM License# _____

*Last Name _____ First _____ Middle ____ Title _____

*Home Address _____

*City _____ State _____ Zip _____

Spouse Name _____

*Home Phone _____

Veterinary School _____ Grad Year _____

Facility Affiliation

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

*Work Phone _____ Fax _____

Other Phone _____

*E-mail Address _____

Are you currently on the vet list? Yes _____ No _____

If not, may we submit your e-mail address to the vet list? Yes _____ No _____

(Please contact the NMVMA office if you need more information regarding the vet list)

Would you like to be included on the Relief List? Yes _____ No _____

Would you enjoy receiving your Roadrunner Newsletter by E-mail _____ or U.S. Mail _____

Which address do you prefer to be included in the directory? Home _____ Work _____

* Required Fields

Practice Type

(Circle all that apply)

Food Animal
Feline (exclusive)
Equine
Mixed Practice
Exotics/Wildlife

Board Certification _____

(AVMA Recognized)

Amphibians/Reptiles
Zoo Animals
Laboratory Animals
Companion Animals
Other _____