

NYCAVMA Membership Enrollment Form

Member Name

First Name Last Name

Practice Name

If applicable.

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email

example@example.com

Phone Number

Area Phone Number
Code

Website

If applicable.

Modalities you're certified in - check all that apply.

Acupuncture

Chiropractic

Herbal Medicine: Chinese

Herbal Medicine: Western

Osteopathy

Reiki

Homeopathy

Homotoxicology

Shamanistic Healing

Nutritional

Modalities -Certifications/Degrees

Species Treated

- Dogs
 - Cats
 - Horses
 - Farm Animals (Cows, Goats, Llamas, Sheep, Pigs)
 - Birds/Poultry
 - Small Animals (Hamsters, Rabbits, Ferrets)
 - Reptiles
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Years of experience

Office Hours

If applicable.

Other Info

(Information about your practice/specialties you'd like displayed on the website.)