

NYCAVMA Member Listing Form

Information entered below will be posted on our public website unless otherwise specified.

Member Name *

First Name Last Name

Practice Name

If applicable.

Address - you MUST fill in your city, state and zip code. If you'd prefer that we don't publish your street name and number, simply leave those fields blank.

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Members in NY State - please enter the county/counties you practice in here.

Email

example@example.com

Phone Number

Area Code Phone Number

Website

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

Years of Experience

Office Hours

Other Info

If applicable.

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

Special Instructions

(list any preferences you have regarding your listing, example 'don't publish my email address'.)