

**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 \_\_\_\_\_

Vet 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 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 \_\_\_\_\_