



CHICAGO VETERINARY MEDICAL ASSOCIATION RELIEF VETERINARIAN FORM

Relief veterinarian listing fees: \$200 for CVMA members and \$425 for non-members. Listings run from December 1 through November 30, each calendar year. The listing shall appear in the CVMA Bulletin as well as on the CVMA website. Fees will be applied for the current year through November 30th and will be assessed for renewal on December 1st. The CVMA does not endorse any veterinarian listed in the Relief Veterinarians section. The Association does not attest to the veterinarians' ability to practice veterinary medicine or to the conduct of the individual.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

EMAIL: _____

SPECIALTY: _____

AREA IN WHICH YOU WANT TO PRACTICE (I.E. CITY / WEST SUBURBS / ETC.):

SCHOOL AND YEAR OF GRADUATION: _____

IL LICENSE #: _____

Payment Options

I have enclosed a check

Charge my AMEX / Visa / MC / Discover

Card #: _____ Exp: _____ Sec Code: _____

Billing Address for Credit Card: _____

Please return this form to:

Chicago Veterinary Medical Association
100 Tower Drive ▪ Suite 234 ▪ Burr Ridge, IL 60527
Phone: (630) 325-1231 ▪ Email: cvma@chicagovma.org