Veterinary Hospitals Association™
Driving Veterinary Practice Success

VHA Membership Rates 2019

Clinic Name: _____

First Clinic location 1 @ $150 = $150

Additional clinic delivery locations _____ @ $100 = _____
(Please attach listing of additional commonly owned clinics)

Total Amount to be paid to VHA = $_____
Dues may be paid by check or credit card

Maximum dues for one commonly owned clinic group is $1,000

Veterinarians on staff: (indicate full time or Part time) FT = 32 or more hours per week.

_____ FT / PT email address _____
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_____ FT / PT email address _____

VHA sends important updates twice per week to member clinics, including VHA updates, inventory updates, recalls, event information, and more. VHA also sends one monthly email to clinic owners once per month with targeted information (no inventory updates, recalls, etc.)

Do you consent to receiving **twice weekly clinic** emails? _____ Yes _____ No
If yes, what is the preferred email address? _____

Do you consent to receiving **once monthly owner** emails? _____ Yes _____ No
If yes, what is the preferred email address? _____

Please return this form along with your payment.

If you have any questions regarding this form, please contact Andrea at 651-287-3344 or email her at athorne@veterinaryha.org.