



ANIMAL CHIROPRACTIC CERTIFICATION COMMISSION

ACCC/AVCA CERTIFIED DOCTOR REFERRAL UPDATE

Type or print legibly.

The referral list is made available to the public through online referral site, mail, fax and email.

The first section of this form is for the AVCA Animal Chiropractic Certification Commission (ACCC) records.

NAME: _____ DEGREE: _____

PRACTICE NAME: _____

ADDRESS: _____

CITY/STATE/PROV/POSTAL CODE: _____

OFFICE PHONE _____ FAX _____

HOME PHONE (AVCA ONLY): _____

EMAIL: _____

Full Time Animal Chiropractic Part Time Animal Chiropractic Clinic Mobile Both

Check All That Apply Equine Canine Large Animal Small Animal Exotics

REFERRAL INFORMATION - Please list ONLY the information you want made available to the public.

Yes, list my referral information online. Do not list referral information online.

At this time I am not taking referrals. (Please let us know if/when you start taking referrals again.)

NAME: _____ DEGREE: _____

PRACTICE NAME: _____

ADDRESS: _____

CITY/STATE/PROV/POSTAL CODE: _____

OFFICE PHONE _____ FAX _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

IF YOU WOULD LIKE TO PURCHASE A LINK TO YOUR WEB SITE, PLEASE COMPLETE THE FOLLOWING:

ANNUAL WEB SITE LINK FEE: AVCA MEMBERS \$65.00 AVCA NON-MEMBERS \$85.00

PAID WEB LINK – SEPTEMBER 30TH – AUGUST 31ST

WEB SITE URL: http:// _____

Payment Method (US FUNDS ONLY) _____ AMOUNT: \$ _____

Check/Money order enclosed

Charge (circle one): Visa MC Card # _____

Exp Date: _____ Print Name on Card: _____

Card Holder Signature: _____ Date: _____

Referrals will not be listed without receipt of this form. Please complete and return. Thank you for taking the time to complete this Referral Information.

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PHONE: 918-784-2231 • FAX: 918-784-2675