



Animal Chiropractic Certification Commission (ACCC)

ACCC/AVCA CERTIFIED DOCTOR ANNUAL REFERRAL UPDATE

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

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.

SECTION 1 is for the AVCA Animal Chiropractic Certification Commission (ACCC) records ONLY

Name: Degree:
Practice Name:
Address:
City/State/Prov/Postal Code:
Office Phone: Fax:
Home Phone (AVCA ONLY):
Email: Web Link:
[] Full Time Animal Chiropractic [] Part Time Animal Chiropractic [] Clinic [] Mobile [] Both
Check All That Apply [] Equine [] Canine [] Large Animal [] Small Animal [] Exotics [] All

SECTION 2 REFERRAL INFORMATION - There is no charge for a line listing of following information.

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

[] Yes, list my referral information online. [] Do NOT my list referral information online.
[] At this time I am NOT taking referrals. (Please let us know if/when you start taking referrals again.)

AVCA Cert. No. (4 digits) Name: Degree:
Practice Name:
Address:
City/State/Prov/Postal Code:
Office Phone: Fax:
Email:

You must hold an active professional license/registration in the state/province listed above for referral and practice within the rules and regulations of that state/provincial regulatory body.

Attach a copy of your current state/provincial professional license/registration

- Want a 2nd referral listing in another state/province?
1) complete a separate referral form and 2)attach a copy of that state/provincial license

SECTION 3 Optional Paid WEB LINK (Add your website or Facebook link to your online referral listing)

[] AVCA MEMBERS \$65.00 [] AVCA NON-MEMBERS \$85.00

PAID WEB LINK - MARCH 1 - FEBRUARY 28 (IF PAID IN LAST QUARTER, GOOD THROUGH FOLLOWING YEAR)

URL:
Payment Method (US FUNDS ONLY) TOTAL AMOUNT: \$ [] Check/Money order enclosed
[] Credit Card (circle one): Visa MC Discover Card #
Exp Date: CVV: Print Name on Card:
Card Billing Address:
Card Holder Signature: Date: