

SCAV Hospital & Individual Membership Application / Renewal

1215 Anthony Avenue, Columbia, SC 29201 (803) 254-1027 (800) 441-7228

Membership will expire Dec. 31st

Please enroll as: New Member Renewing Our Membership

Hospital Name:

Hospital Address:

City: County: State: Zip:

Hospital Website: Phone: Fax:

Hospital Primary Owner Email (*required*):

Administrative Contact (*billing contact*):

Admin's Email (*required*): Phone:

Publications _____ number of copies of *South Carolina Veterinarian newsletter and magazine*.

Individual Membership

Price of individual veterinarian member: \$215 / Price of retired veterinarian member: \$108 / Non-veterinarian employed by veterinarian: \$40

Hospital Membership

The price of hospital membership is a \$450 base fee (which covers up to two veterinarians and two non-veterinary team members). Price for each additional veterinarian is \$210 and includes one additional non-veterinary team member). ALL veterinarians in the practice should be members; includes owners, partners and associate veterinarians working full or part-time. Indicate the total number of veterinarians that work in the hospital. Please list veterinarians and additional hospitals on the other side along with names and email addresses of non-veterinary team members.

Dues Formula

Additional # of Vets (\$210 x _____)	Base Price + \$450	Example	Dues
		2 vets	\$450
		3 vets	\$660
		4 vets	\$870
		5 vets	\$1080
Additional # on non-vets (\$40 x _____)		6 vets	\$1290

SCAV EIN: 57-6023255/Total Number of Veterinarians _____ Total Enclosed _____

PAYMENT INFORMATION Please fill out completely. Individual Membership Hospital Membership

Check # _____ Payable to SCAV AMEX MasterCard VISA

Credit Card Number _____

Cardholder Name _____ Billing Address _____

Billing Zip Code _____ Expiration _____ Security Code _____

Signature _____

SCAV dues are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for the portion attributable to SCAV lobbying expenses. SCAV estimates 15% of your dues are attributable to SCAV lobbying and thus are nondeductible.

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First Name	Last Name	Unique Email	Practice Owner Or Co-Owner	Position Type*	Preferred Mailing Address	Phone	Vet School (if applicable)	Vet Grad Year	Date of Birth
			<input type="radio"/> Yes <input type="radio"/> No						
			<input type="radio"/> Yes <input type="radio"/> No						
			<input type="radio"/> Yes <input type="radio"/> No						
			<input type="radio"/> Yes <input type="radio"/> No						
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			<input type="radio"/> Yes <input type="radio"/> No						
			<input type="radio"/> Yes <input type="radio"/> No						

***Position Type:**

1. Practice Owner/Co-Owner
2. Associate Veterinarian
3. Academia
4. Government
5. Retired Veterinarian
6. Relief Veterinarian
7. Shelter Veterinarian
8. Practice Manager
9. LVT
10. Veterinary Assistant
11. Support Staff

- Porcine
- Poultry
- Small Ruminants

- Oncology
- Ophthalmology
- Orthopedics
- Parasitology
- Pathology
- Poultry Medicine
- Pharmacology
- Physiology
- Preventative Medicine
- Public Health
- Radiology
- Rehabilitation
- Research
- Shelter Medicine
- Small Animal
- Small Ruminants
- Stem Cell Therapy
- Surgery
- Theriogenology
- Toxicology
- Virology

Primary Medical Discipline – check all that apply

- Acupuncture
- Anesthesiology
- Animal Behavior
- Animal Welfare
- Cardiology
- Dentistry
- Dermatology
- Emergency/Critical Care
- Endocrinology
- Epidemiology
- Equine
- Exotics
- Food Animal
- Holistic Medicine
- Human-Animal Bond
- Internal Medicine
- Laboratory Animal Medicine
- Manipulation/Rehabilitation
- Neurology
- Nutrition

Specialty (check all that apply):

- Amphibian/Reptile
- Aquatic Animal
- Avian (non-poultry)
- Bovine
- Camelid
- Canine
- Cervid
- Equine
- Exotics
- Feline
- Ovine/Caprine

Board Certifications: _____

Contact our office to update hospital profiles (800) 441-7228 or paola@scav.org.