



American Veterinary Medical History Society

REGISTRY of HERITAGE VETERINARY PRACTICES APPLICATION

Current Practice Name: _____

Year Established: _____ Type of practice/species: _____

Current Mailing Address: _____

City/State/Zip: _____

Phone: _____ FAX (optional): _____

E-mail: _____

Web site URL: _____

Current Owner/Applicant: _____

Contact person, if different: _____

The information provided is correct to the best of my knowledge and sources at this time.

Signature of owner/applicant: _____

Date of application: _____

Forward application to: Heritage Veterinary Practice Registry, American Veterinary Medical History Society, 23 Wedgewood Drive, Ithaca, NY 14850-1064

A. Practice History and Background

Describe briefly the continuous operation of your practice. Choose ONE or more of the following options:

- Chronological timeline outline
- Short narrative description (use narrative page or similar page for the write-up).
- Existing or published write-up (please attach a photocopy)
- URL of history page on your Web site with sufficient information.

At each "change" in status, ownership, or location, please indicate (if known) transition details such as:

- Year or time period
- Name of practice
- Address or location of practice
- Type of practice
- Name of owner (incl. vet degree, year, other degrees, schools, if known)
- Names of co-owners or associates (if significant or known, with degrees and vet schools)
- How the practice has changed in the year or time period

B. Additional information, facts, comments, sources and/or historical activities.

(e.g., featured in newspaper article, display of historical items in office, number of generations in same family, local historical recognition and awards, celebrations, vehicle restorations, etc.)

Narrative Description of Heritage Veterinary Practice

Current Practice Name: _____

At each “change” in status, ownership, or location from oldest to latest, please indicate (if known) transition details such as:

Year or time period

Name of practice

Address or location of practice

Type of practice

Name of owner (incl. vet degree, year, other degrees, schools, if known)

Names of co-owners or associates (if significant or known, with degrees and vet schools)

How the practice has changed in the year or time period