



Colorado Veterinary
Medical Association

CVMA PERFORMANCE TOOLS ORDER FORM

<i>Please check the box for each tool you desire, and specify practice type:</i>	Practice Package	Member	Nonmember	Final Report Preference
CVMA PERFORMANCE ANALYTICS				
A1: Personalized Fee Guide <input type="checkbox"/> Small Animal/Mixed/Feline <input type="checkbox"/> Emergency/Referral	<input type="checkbox"/> Included	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
A2: Practice Diagnostic Report <input type="checkbox"/> Small Animal/Mixed/Feline <input type="checkbox"/> Emergency/Referral	<input type="checkbox"/> Included	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
A3: Client Satisfaction Survey <input type="checkbox"/> Small Animal/Mixed/Feline <input type="checkbox"/> Emergency/Referral <input type="checkbox"/> Large Animal	<input type="checkbox"/> \$225	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
CVMA PERFORMANCE RESOURCES				
R1: VetMed Resource	<input type="checkbox"/> \$99	<input type="checkbox"/> \$299	<input type="checkbox"/> \$595–\$830	The CVMA Practice Package is the very best deal to take advantage of these new Performance Analytics and Performance Resources!
R2: Certified Veterinary Assistant <input type="checkbox"/> online training library (per month) <input type="checkbox"/> exam (each, minimum two on first order)	<input type="checkbox"/> \$54 <input type="checkbox"/> \$125 x ____	<input type="checkbox"/> \$54 <input type="checkbox"/> \$125 x ____	<input type="checkbox"/> \$59 <input type="checkbox"/> \$325 sign-up plus \$125/exam	
R3: PetFamilyDeals.org	Included	Included	<input type="checkbox"/> \$325	
R4: DVM Financial Health	Included	Included	<input type="checkbox"/> \$325	
TOTAL	\$_____	\$_____	\$_____	

Please indicate below who the materials and reports should be sent to:

Practice Name _____

Name _____

Phone _____

Email _____

Please add the totals above to your membership payment and return this Order Form with your membership form. We will acknowledge your order and provide details on how to get started with your CVMA Performance Tools!