



Vermont Veterinary Medical Association (VVMA) Member Destruction Only Program

Please complete the requested information, fax or email back and we will contact you with your new account information. Please call if you have questions.

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| Veterinary Practice Name | |
| Address | |
| City, State, Zip | |
| Contact Name | |
| Phone | |
| Fax | |
| Email | |
| EPA ID# (if operating under Subpart P) | |
| DEA# & Expiration Date | |
| State License # & Expiration Date | |
| VVMA Member # (if known) | |

Please include an image of your DEA and State license.

Attn: Steve Sandon Email: ssandon@npreturns.com Fax: (515) 252-7727 Phone: (800) 470-7725



