

**Massachusetts Veterinary  
Medical Association**

**Tufts University School of  
Veterinary Medicine**

TO: MVMA  
169 Lakeside Avenue  
Marlborough, MA 01752-4556

or send by fax to MVMA  
at 508-460-9969

For more information, call  
MVMA at 508-460-9333  
or email [staff@massvet.org](mailto:staff@massvet.org)

**Mentor Registration**

Your Name \_\_\_\_\_

YES, I am willing to mentor     1 student     2 students

Mailing Address \_\_\_\_\_

is  business  
or  home

E-mail Address (mandatory) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**EDUCATION**

Undergraduate School \_\_\_\_\_

Veterinary School \_\_\_\_\_

Other Schools & Degrees \_\_\_\_\_

**PROFESSIONAL**

Type of Work  
& Interests \_\_\_\_\_

I can offer support in the following areas:

- |                       |                          |                                 |                          |
|-----------------------|--------------------------|---------------------------------|--------------------------|
| Small Animal Medicine | <input type="checkbox"/> | Lab Animal/Research             | <input type="checkbox"/> |
| Large Animal Medicine | <input type="checkbox"/> | Management/Ownership Issues     | <input type="checkbox"/> |
| Mixed Practice        | <input type="checkbox"/> | Professional/Family Life Issues | <input type="checkbox"/> |
| Emergency Medicine    | <input type="checkbox"/> | Part-Time Work Issues           | <input type="checkbox"/> |
| Exotics               | <input type="checkbox"/> | Second Career Issues            | <input type="checkbox"/> |

**OTHER**

INFORMATION  
to share with  
veterinary students \_\_\_\_\_