



OVMA Practice Dashboard Registration Form

OVMA Members using Cornerstone®, AVImark®, Intravet® and Infinity® (ImproMed®) software can register for the Dashboard. Simply complete this registration form, send it to us – and you will start receiving your monthly reports!

Date _____

Practice Name _____

Practice Address _____ City, Province _____

Postal Code _____ Practice Email _____

Practice Tel# _____

Practice Contact: Last Name _____ First Name _____

Practice Contact Tel# (if different than Practice Tel#) _____

Practice email: _____

Number of full time Doctors at practice (30+ hrs per week) _____

Number of part time Doctors at practice (less than 30hrs. per week) _____

Practice Type Companion Mixed & Large

Practice Software _____

I am a Clinic Member and I would like to register for Dashboard Alerts.

I am authorized to make business decisions on behalf of the practice. I am authorized to disclose data including revenue and client information from my practice information management system to IDEXX Computer Systems, Inc. to be used for the OVMA / IDEXX Dashboard Report. In addition to providing a monthly Dashboard Report, OVMA will use the information to monitor the progress of my practice.

Practice Authorizing Signature _____

Please scan and email this form to skrane@ovma.org or fax it to 905.875.0958/1.877.482.5941

For more information, contact Terra Shastri, tshastri@ovma.org, 1.800.670.1702

FOR OFFICE USE ONLY

OVMA Member ID _____

Clinic Individual