



Arizona Veterinary Medical Association  
presents  
Prescott Small Animal Specialist Meeting



**SATURDAY, JULY 15, 2017**  
**LUNCH/REGISTRATION 11:30 AM - 12:30 PM**  
**LECTURES: 12:30 - 6:15 PM**

**Schedule:**

- 11:30 am -12:30 pm Lunch/Registration**
- 12:30 pm – 2:00 pm Clinical Presentation & Treatment of Respiratory Disease**  
*Speaker: Daniel Foy, DVM, MS, DACVIM, DACVECC*
- 2:00 pm – 2:15 pm Break**
- 2: 15 pm – 3:45 pm Shining a Light on Secrets of the Cornea**  
*Speaker: Zoe Reed, DVM, DACVO*
- 3:45 pm – 4:45 pm Reception/Exhibitors**
- 4:45 pm – 6:15 pm Improving the Life of Feline Patients with Chronic Kidney Disease**  
*Speaker: Mark Acierno, DVM, MBA, DCVIM*

*Approved for 4.5 CE hours by the Arizona Academy of Veterinary Practice.*

**Meeting Location:**  
*Manaznita Grille at  
Antelope Hills Golf Course*  
1 Perkins Drive  
Prescott, AZ 86301

*Our sponsors and exhibitors are trusted Allied Industry partners who generously support our CE events. Their valuable contributions lower meeting cost and help us in serving our attendees. Please be sure to visit the allied members at their exhibit tables. Thank you!*

- THANK YOU TO OUR ALLIED INDUSTRY SPONSORS/EXHIBITORS**
- Alliance Bank of Arizona
  - AMES Diversified Services LLC
  - Animal Health & Healing
  - AZ Pet Vet - A Family of Animal Hospitals
  - AVMA PLIT
  - BBVA Compass
  - Camala C Bailey, CPA, PC - CPA-4-Vets
  - CapitalSource
  - Diamondback Drugs
  - Elanco
  - Henry Schein Animal Health
  - IDEXX Laboratories
  - Jurox Animal Health
  - Lakefield Veterinary Group
  - Midwest Veterinary Supply
  - Midwestern University
  - Pet Health Pharmacy
  - PHOCUS
  - Royal Canin
  - VCA Animal Referral & Emergency Center of AZ
  - VCA Paradise Valley
  - Emergency Animal Hospital
  - Veterinary Anesthesia Systems, Inc.
  - Veterinary Practice Advisors
  - Zoetis

**Prescott Small Animal Specialist Meeting  
July 15, 2017**

- AZVMA Member: \$120
  - Non-member: \$220
  - VHCTAZ Member: \$85
  - VHCTAZ Non-Member: \$121 *(Includes one year membership for health care staff)*
- \_\_\_\_\_ I would like to waive the 1 year membership and pay the non-member rate.*

Name: \_\_\_\_\_ Hospital: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-code: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Dietary Restriction:  Gluten Free  Dairy Free  Vegetarian  Other \_\_\_\_\_

*Fax registration with Visa, Discover, AMEX or MasterCard information to AzVMA, 602.249.3828 or mail with check to: AzVMA, 100 W. Coolidge St., Phoenix, AZ 85013, Phone 602.242.7936.*

*Cancellations before 7-1-17 will receive refunds in full. No-shows or cancellations received after 7-1-17 will be charged the full amount.*