

California Veterinary Medical Association (CVMA) 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.

Veterinary Practice Name	
Address	
City, State, Zip	
DEA Registrant Veterinarian Name	
Phone	
Fax	
Email	
EPA ID# (if operating under Subpart P)	
DEA# & Expiration Date	
State License # & Expiration Date	
CVMA Member #	

Please include an image of your DEA registration and state license.

Attn: Steve Sandon

Email: ssandon@npreturns.com

Fax: (515) 252-7727 Phone: (800) 470-7725



