



Veterinary Health Care Team of Arizona Presents... Your Brush With Success!



Thank You Dr. Curt Coffman & Arizona Veterinary
Dental Specialists for supporting the VHCTAZ!

**Approved for
1.5 CE Hours!**

Date: Thursday, March 11, 2010

Time: 6:00-8:00 pm

**Location: The Phoenix Zoo
455 N Galvin Pkwy
Phoenix, AZ**

Curt Coffman, DVM, Diplomate AVDC / Arizona Veterinary Dental Specialists

Dr. Curt Coffman received his B.S. in agriculture from Kansas State University in 1990 and his Doctor of Veterinary Medicine from the University of Missouri in 1993. Dr. Coffman worked as an associate and partner in small animal veterinary practice in Tempe, Arizona until 2000 when he joined Arizona Veterinary Dental Specialists. Dr. Coffman completed his residency training in Veterinary Dentistry and became board certified in April 2007. He is a member of the Veterinary Dental Society (AVDS) and a Fellow of the International Academy of Veterinary Dentistry (AVD). As a veterinarian with Arizona Veterinary Dental Specialists, Dr. Coffman works with referral dentistry patients where his areas of major interest include oral and regenerative periodontal surgery. Dr. Coffman also presents continuing education lectures around the country for veterinarians and technicians on the subject of veterinary dentistry.



TOPICS

- ◆ REVIEW COMMON ORAL HYGIENE MATERIALS USED IN DENTAL HOME CARE FOR DOGS & CATS
- ◆ DISCUSS TECHNIQUES TO IMPROVE CLIENT COMPLIANCE
- ◆ REVIEW BASIC PERIODONTAL PATHOLOGY

THANK YOU VHCTAZ 2010 ANNUAL SPONSORS:

AXA ADVISORS LLC, BUTLER SCHEIN ANIMAL HEALTH, CAMALA C BAILEY CPA PC
CUSTOM X-RAY DIGITAL EQUIPMENT SALES & SERVICE, MERIAL LIMITED, NOVARTIS ANIMAL HEALTH,
PET HEALTH PHARMACY, ROYAL CANIN VETERINARY DIET
WEBSTER VETERINARY SUPPLY

Your Brush With Success 3/11/10

VHCTAZ Member: \$65.00

Non-Member: \$101.00

Please indicate if you require a vegetarian meal.

Name: _____ Hospital: _____

Phone: _____ Fax: _____

Credit Card #: _____ Exp. Date: _____ Amount: _____

ZIP Code: _____ V-code: _____ E-Mail Address: _____

Name on credit card: _____ Signature: _____

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.