



Washington State Department of

Health

Veterinary Board of Governors

Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Employment Reference Request

This form is for employment verification to complete the requirements for license in the state of Washington as a Veterinary Technician. As a previous employer of mine would you please complete this reference request and return it to the address shown above. Thank you.

Name of Candidate _____ Telephone _____

Address _____

Name of employing veterinarian _____

License number of veterinarian _____

Address of Facility _____

Approximate dates of full time employment _____

Duties/responsibilities of employee named above. _____

Describe the in-house training that was provided and completed by the employee named above.

Please provide a brief overall evaluation of performance, care, safety and competence for the employee named above. _____

Signature of employing veterinarian _____ Date _____