



Veterinary Board of Governors
 Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Veterinary Medication Clerk Registration Transfer of Sponsoring Veterinarian

Please Type or Print in blue or black Ink

Veterinary Medication Clerk			
Veterinary Medication Clerk's name			
Mailing address			
City	State	Zip Code	County
Phone during normal business hours (enter 10 digit #)		Residence Phone (enter 10 digit #)	
Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list			
Previous Sponsoring Veterinarian			
Previous Sponsoring Veterinarian's Name			
Previous Sponsoring Practice/Clinic Name			
Practice/Clinic address			
City	State	Zip Code	County
Practice/Clinic Phone (enter 10 digit #)		Date terminating employment with previous sponsoring veterinarian	
New Sponsoring Veterinarian			
New Sponsoring Veterinarian's Name			
Sponsoring Practice/Clinic Name			
Practice/Clinic address			
City	State	Zip Code	County
Practice/Clinic Phone (enter 10 digit #)		Date employment begins with sponsoring veterinarian	

Submit this form to the address listed above.

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the New Sponsoring Veterinarian in this Application for Transfer of Sponsoring Veterinarian Registration in the State of Washington. I attest I will be supervising the training/employment of the above named Veterinary Clerk according to the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors on November 1, 1993.

I affirm that Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

I understand that the Department may require additional information from me, and that if I provide false or incomplete information the Application for Transfer may be denied, or the registration of the Veterinary Medication Clerk ultimately suspended or revoked.

Signature of Sponsoring Veterinarian

Date (mm/dd/yyyy)