



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

## Sponsoring Veterinarian Attestation

(Please print in ink)

Complete this form if you completed on-the-job training under the supervision of a sponsoring veterinarian.

Applicant's Name	Applicant's Credential Number	
Sponsoring Practice/Clinic		
Sponsoring Veterinarian's Name		
Practice/Clinic Address		
City	State	Zip Code
Practice/Clinic Telephone (enter 10 digit #)		

I, the undersigned, attest that I am the person identified as the Sponsoring Veterinarian in this application,  
 and that I have ensured that the above named applicant has met the competencies of 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 more information from me, and that if I provide false or incomplete information the application or registration may be denied, or the registration ultimately suspended or revoked.

\_\_\_\_\_  
 Signature of Sponsoring Veterinarian:

\_\_\_\_\_  
 Today's Date: