



**2012 APPLICATION FOR THE CONSENT TO EMPLOY A  
VETERINARY OR ANIMAL HEALTH TECHNOLOGY STUDENT**

\_\_\_\_\_ of \_\_\_\_\_  
**(Name of Registered Veterinarian)** **(Practice Name)**

\_\_\_\_\_ **(Practice Address, City, Province & Postal Code)** **(Fax #)**

hereby applies to the Registrar of the Alberta Veterinary Medical Association for consent to employ the following student:

\_\_\_\_\_ of \_\_\_\_\_  
**(Name of Student)** **(City and Province)**

who is enrolled in the professional degree program in Veterinary Medicine at: \_\_\_\_\_  
**(College Name)**

or accredited AHT program at: \_\_\_\_\_  
**(School Name)**

This person's anticipated year of graduation is \_\_\_\_\_

This person is a Student Member of the ABVMA: YES \_\_\_\_\_ NO \_\_\_\_\_

This person is a Student Member of the AAAHT: YES \_\_\_\_\_ NO \_\_\_\_\_

The terms of employment are: Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_

Dates are: From \_\_\_\_\_ 20\_\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_

It is understood that the student will be directly supervised and instructed by a Registered Veterinarian or RAHT in accordance to the Council Guidelines "For Employment of Registered Animal Health Technologists & Unregistered Auxiliaries and Students".

An outline of the duties and responsibilities the student will be required to assume are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

<i>ABVMA OFFICE USE ONLY:</i>	
Approval: _____	Date: _____
<b>Registrar</b>	

**Please Return This Form To:**  
The Alberta Veterinary Medical Association  
950 Weber Centre, 5555 Calgary Trail NW, Edmonton, AB T6H 5P9  
Phone: (780) 489-5007 Fax: (780) 484-8311