



Veterinary Clinical Hours

TEXAS A&M AGRILIFE

VETERINARY ASSISTANT EXAM APPLICATION SUPPLEMENTAL DOCUMENTATION

UPDATED 1.28.25

SUPPLEMENTAL VETERINARY PROFESSIONAL DOCUMENT IS TO BE USED FOR EACH ADDITIONAL CLINIC SITE OR PROFESSIONAL

VETERINARY PROFESSIONAL INFORMATION

Full Name : _____ **State Issuing License** : _____
AS IT APPEARS ON LICENSE

Clinic Name : _____

Clinic Address : _____

City : _____ **State** : _____ **Zip Code** : _____

Phone Number : _____ **E-Mail** : _____

Training Dates : _____ to: _____

: DVM LVT RVT/CVT **TOTAL HOURS OBTAINED AT THIS FACILITY**

Signature : _____
SIGNATURE VERIFIES THAT THIS STUDENT HAS HAD HANDS-ON CLINICAL TRAINING AT THIS FACILITY

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