



Applicant Information

TEXAS A&M AGRILIFE

VETERINARY ASSISTANT EXAM APPLICATION

UPDATED 1.28.25

STUDENT INFORMATION

Full Name : _____
(USE ALL CAPITAL LETTERS)

Date of Application : _____ / _____ / _____ **Age at application** : _____

Address : _____

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

Student Email : _____ **Student Phone #** : _____

Parent Email : _____ **Parent Phone #** : _____

School Name : _____
IF 4H LIST COUNTY

Student Signature : _____

EDUCATOR INFORMATION

Full Name : _____
(USE ALL CAPITAL LETTERS)

School Address : _____

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

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

Program : Public School Private School 4-H VSCP Independent Study Virtual Veterinary Academy

School Name : _____
IF 4H LIST COUNTY

Educator Signature : _____
EDUCATOR SIGNATURE VERIFIES THAT STUDENT HAS COMPLETED A MINIMUM OF 200 HOURS OF COURSEWORK

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