



# Applicant Information

TEXAS A&M AGRILIFE EXTENSION

## VETERINARY ASSISTANT EXAM APPLICATION

UPDATED 08.04.25

### APPLICANT INFORMATION

**Full Name** : \_\_\_\_\_  
(USE ALL CAPITAL LETTERS)

**Date of Application** : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age at application** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**City** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip Code** : \_\_\_\_\_

**Applicant Email** : \_\_\_\_\_ **Applicant Phone #** : \_\_\_\_\_

**Parent Email\*** : \_\_\_\_\_ **Parent Phone #\*\*** : \_\_\_\_\_

**School Name** : \_\_\_\_\_  
IF 4H LIST COUNTY

**Applicant Signature** : \_\_\_\_\_

**Parent Signature\*** : \_\_\_\_\_

\* Only required if applicant is under 18 years of age at time of application

### 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 ☐ Adult Learner ☐ Undergraduate

**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

**Signature** : \_\_\_\_\_

TOTAL HOURS OBTAINED AT THIS FACILITY

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