



# APPLICATION FOR CONSENT TO EMPLOY A VETERINARY OR ANIMAL HEALTH TECHNOLOGY STUDENT

**Please return this form to:**

Alberta Veterinary Medical Association  
Commerce South Office Park, Building E, Suite 300, 4803-87 St NW, Edmonton, AB T6E 0V3  
P: 780-489-5007 | F: 780-484-8311 | E: [registration@abvma.ca](mailto:registration@abvma.ca)

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

\_\_\_\_\_ (Practice Address, City, Province and Postal Code) \_\_\_\_\_ (Fax Number)

**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 of 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 ABVTA:** Yes No

**The terms of employment are:** Full-time Part-time

**Dates are from** \_\_\_\_\_ **to** \_\_\_\_\_  
(MM-DD-YYYY) (MM-DD-YYYY)

**It is understood that the student will be directly supervised and instructed by a registered Veterinarian or RVT in accordance with ABVMA Council Guidelines "The Professional Standard for the Delegation of Veterinary Medicine".**

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

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
**Must be signed by Student**

\_\_\_\_\_  
**Must be signed by Veterinarian**

## ABVMA OFFICE USE ONLY:

**Approved by:** \_\_\_\_\_  
(Registrar, ABVMA)

**Date:** \_\_\_\_\_  
(MM-DD-YYYY)