



Washington State Department of

Health

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Sponsoring Veterinarian Affidavit

(Please Print in Ink)

Applicant's Name _____

Sponsoring Veterinarian's Name _____

Name of employing veterinary clinic/hospital _____

Address of employing veterinary clinic/hospital _____

City _____ State _____ Zip Code _____

Duties and responsibilities of Veterinary Medication Clerk applicant _____

Required training and instruction was received in the following areas as outlined in the Veterinary Medication Clerk Model Training Program.

Definitions—Applicant must be able to define the following:

Drug Brand Name Legend Drug Controlled Substance Generic Name

Abbreviations—Applicant must be familiar with the following:

Pharmacy Practice Routes of Administration Apothecary Equivalents

Calculations—Applicant must be familiar with the following:

Quiz on Calculation Competency

Procedures Concerning Counting, Labeling, and Packaging Requirements

Supervision and Protocol Requirements for Ordering, Stocking, Inventory and Delivery of Medications.

Medication Categories—Applicant must be familiar with the drugs utilized in the sponsoring practice and have knowledge of the category under which they fall. Yes No

Excluded Tasks—Applicant is aware of the functions which **cannot** be delegated by the veterinarian to any non-veterinarian. Yes No

The boundaries of direct and indirect supervision were discussed with the applicant. Yes No

Applicant has a high school graduation or equivalency. Yes No

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the Sponsoring Veterinarian in this application for registration as a Veterinary Medication Clerk in the state of Washington, and that I have supervised the training of the above named applicant according to the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors on November 1, 1993.

I affirm that Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

I understand that the Department may require more information from me, and that if I provide false or incomplete information the application or registration may be denied, or the registration ultimately suspended or revoked.

Signature of sponsoring veterinarian:

Date: