



Washington State Department of

Health

Veterinary Board of Governors

Credentialing

PO Box 47877

Olympia, WA 98504-7877

360.236.4700

Veterinary Medication Clerk Registration Transfer of Sponsoring Veterinarian

Please Type or Print in blue or black Ink

1. Veterinary Medication Clerk

Veterinary Medication Clerk's name _____

Mailing address _____

City _____ State _____ Zip Code _____ County _____

Telephone during normal business hours (enter 10 digit #) _____

Residence telephone (enter 10 digit #) _____

Social Security Number _____

Gender _____ Birthdate _____

Have you ever been known by any other name? Yes No If yes, please list

2. Previous Sponsoring Veterinarian

Previous Sponsoring Veterinarian's name _____

Previous Sponsoring Practice/Clinic _____

Practice/Clinic address _____

City _____ State _____ Zip Code _____ County _____

Practice/Clinic telephone (enter 10 digit #) _____

3. Date terminating employment with previous Sponsoring Veterinarian _____

4. New Sponsoring Veterinarian

New Sponsoring Veterinarian's name _____

Sponsoring Practice/Clinic _____

Practice/Clinic Address _____

City _____ State _____ Zip Code _____ County _____

Practice/Clinic Telephone (enter 10 digit #) _____

5. Date employment begins with new Sponsoring Veterinarian _____

Applications and fees are to be sent to: Department of Health, Veterinary Medication Clerk

Credentialing, PO Box 1099, Olympia, WA 98507-1099

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the New Sponsoring Veterinarian in this Application for Transfer of Sponsoring Veterinarian Registration in the State of Washington. I attest I will be supervising the training/employment of the above named Veterinary Clerk 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 additional information from me, and that if I provide false or incomplete information the Application for Transfer may be denied, or the registration of the Veterinary Medication Clerk ultimately suspended or revoked.

Signature of Sponsoring Veterinarian

mm/dd/yyyy