



9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

Phone - (804) 597-4133  
Fax - (804) 527-4471

[www.dhp.virginia.gov/vet/](http://www.dhp.virginia.gov/vet/)  
Email - [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov)

## EMPLOYMENT VERIFICATION

<b>APPLICANT INFORMATION – To be completed by applicant.</b> Please type or print.			
Last Name	First Name	Middle Initial	Other Names Used
I hereby authorize the release of employment verification to the Virginia Board of Veterinary Medicine.			
Signature:		Date:	

<b>EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and forwarded directly to the Board by postal mail or electronically.</b> The individual named above is applying for licensure as a Veterinarian or Veterinary Technician in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information. If providing via fax, please provide cover sheet as well.			
Employer's Business or Organization Name:			
Type of Business:			
Business Address:			
Phone:		Email Address:	
Employee's Name		Employee's Position Title	
Was the employee engaged in clinical practice as a veterinarian?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the employee engaged in clinical practice as a veterinary technician?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Begin Date (mm/dd/yyyy)		Employment Status	
Provide all practice locations and dates of employment. If more space is required, list on separate paper.			
Practice Locations		Dates of Employment	
Print Name		Signature and Date	