



Perimeter Center
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EMPLOYMENT VERIFICATION

APPLICANT INFORMATION – To be completed by applicant. 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:

EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and forwarded directly to the Board via email, fax or postal mail. 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 an email or letter confirming requested information. **(Note: Board staff will not accept faxes without a cover sheet.)**

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 End Date (mm/dd/yyyy)

Provide all practice locations and dates of employment. If more space is required, list on separate paper.

Practice Locations	Dates of Employment

Print Name of Employer Representative	Employer Representative Signature and Date