Washington State Department of Agriculture
Animal Services Division
PO Box 42560
Olympia WA 98504-2560
(360) 902-1878

Application for the WSDA Reserve Veterinary Corps

CONTACT INFORMATION:

Name:_____ Home Address:_____

City:_____ State:_____ Zip Code:_____ County:_____

Clinic/Work Address: _____

City:_____ State:_____ Zip Code:_____ County:_____

Home Telephone Number:_____ Clinic/Work Telephone Number: _____

Cell Number:_____

Home Email Address: _____ Clinic/Work Email Address: _____

Driver's License Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Number: _____

PROFESSIONAL LICENSURE:

Do you have a valid veterinary medical license for the state of Washington? ____ License # Expiration _____

Are you a federally accredited veterinarian? _____

Are you a certified veterinary technician? _____ Certificate Number Expiration _____

Veterinary/Technician degree from: _____ Year: _____ Degree:_____

Do you have any board certifications, specialties or additional licenses?

_____

_____

_____

_____

ICS TRAINING (Incident Command System):

	Date	Location	Agency
ICS 100:			
ICS 200:			
NIMS 700:			

You MUST have a certificate to verify completion of the course. (Please attach copies of certificates)

These courses can be completed on line at http://training.fema.gov/IS/crslist.asp
The completion certificates will be issued and can be downloaded and printed.

ANIMAL EXPERIENCE:
Please indicate type and level of experience (Example: Veterinarian, Vet Tech, owned cattle for 20 years, etc.)

Avian: _____
Bovine: _____
Equine: _____
Livestock: _____
Wildlife/Exotics/Non-domestic animals: _____
Companion animals: _____
Other: _____
_____

OTHER LICENSES/SKILLS:
Languages other than English. Spanish? _____ Sign Language? _____ Other? _____

Commercial driver's license? _____ Type: _____
Other: (heavy equipment operator, farrier, computer skills, teaching experience, etc.)
_____
_____
_____
_____

AVAILABILITY:

HOURLY:
WEEKEND ONLY:
RESPONSE ONLY:

To be accepted as an active member of the WA State Reserve Veterinary Corps Program you must sign and date this application.

All statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading statements are cause for rejection of this application and removal of my name from the program.

_____ _____
Signature Date