



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Veterinary Medicine
1000 Washington Street, Suite 710
Boston, MA 02118-6100
Phone: (617) 727-2080

PROFESSIONAL AND ETHICAL REFERENCE FORM

I, _____, hereby authorize _____,
(applicant) (licensed veterinarian)

to provide the Board of Registration in Veterinary Medicine, with all information of any kind which the veterinarian may deem relevant to my qualifications as an applicant. I hereby release and discharge the endorser from all claims arising out of the provision of such information.

Date: _____ Applicant's Signature: _____

The remainder of this form is to be completed by the licensed veterinarian named above. Failure to do so will render this document invalid. Do not complete unless the above waiver is signed. This form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Tel. Number: _____ 4. License Number: _____ 5. State where licensed: _____

6. Relationship to the applicant (supervisor, professor, etc.): _____

7: Length of time known: From _____ to _____
(month/year) (month/year)

8. Indicate the setting(s) in which you have known the applicant, description of applicant's duties, and extent of your contact with applicant. _____

9. Do you certify that the applicant is of good moral character? Yes _____ No _____

10. Do you believe that this applicant conducts his/her activities in conformance with the Code of Ethics of the American Veterinary Medical Association (AVMA) Yes____ No____ If No, please explain: _____

11. AFFIDAVIT

I, the undersigned, being duly sworn do state under penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

Date:_____

Endorser's Signature

Notary Name(print):_____

Notary Signature: _____

My Commission Expires:_____