



Veterinary Technologist Student Membership Application

First Name _____ Last Name _____
Middle Name _____ Birthdate _____
Address _____
City/Town _____ Province _____ Postal Code _____
Email _____
Primary Phone Number _____ Alternate Phone Number _____
Employer Name (veterinary) _____

Education

Anticipated CVMA Accredited
Graduation Date _____ Program _____

**Your Program Head will supply a letter of proof of enrolment.*

Check or initial each statement

_____ No veterinary technologist member of the association shall encourage or assist any person to practice anywhere in violation of the laws governing the practice of veterinary medicine, and it is the duty of members to report such illegal practices to the proper authorities. No member shall make a diagnosis or determine any course of treatment.

_____ No member shall violate the confidence of a client or their employer.

_____ I will undertake to assist in the practise of veterinary medicine in a professional and becoming manner, in accordance with *The Veterinarians Act, 1987* (SK) and bylaws of the SVMA.

_____ As a student, I will use the terminology "Veterinary Technology Student". To use the terminology - "RVT" and/or "Registered Veterinary Technologist" - requires confirmation of Active Membership status with both the SAVT and the SVMA.

_____ It is the duty of the member to reply promptly to all correspondence from the Association.

_____ I understand that I must apply for a SAVT Student membership before September 5, 2018

I hereby certify the above information is correct, and I have read *The Veterinarians Act, 1987*, bylaws and practice standards of the association and I understand the conditions associated with membership in the SVMA. Further, I hereby agree I will not assist in the practise of veterinary medicine in Saskatchewan until my membership with the SVMA has been approved.

Signature _____ Date _____