



## Veterinary Technologist Student Membership Application

### Name and Contact Information:

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Primary phone number \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Email \_\_\_\_\_

### Current Employment (if applicable):

Employer name \_\_\_\_\_ Clinic name \_\_\_\_\_

### Veterinary Education:

School \_\_\_\_\_ Expected year of graduation \_\_\_\_\_

### Initial each statement to confirm your understanding:

\_\_\_\_\_ No member of the Saskatchewan Veterinary Medical Association (SVMA) 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 of the SVMA 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 SVMA and Saskatchewan Association of Veterinary Technologists (SAVT).

\_\_\_\_\_ It is a member's duty to reply promptly to all correspondence from the SVMA.

\_\_\_\_\_ I understand that I must apply for a SAVT Student membership within 7 days of this application.

**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 \_\_\_\_\_