



Veterinary 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 veterinary student member shall make a diagnosis or determine any course of treatment, without the direct supervision of a licensed veterinarian.

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

_____ I will always conduct 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 define my professional role as a "Veterinary Student", and not as a "DVM" and/or "Veterinarian".

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

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 _____