



VETERINARIAN STUDENT REGISTRATION FORM

Application MUST be received at least 2 weeks prior to practice in Manitoba

Name _____

Mailing Address _____

City _____ Province/State _____ Postal Code/Zip Code _____

Fax Number _____ Work Telephone _____ Home Telephone _____

Cell Telephone _____ Email address _____

College / University of veterinarian student currently attending _____

Suggested year of graduation _____

Other qualifications: _____

Date(s) to be employed or volunteer in Manitoba:

Employer _____

Location/Address where you will be working in Manitoba: _____

Name of Supervising MVMA veterinarian: _____

Date: _____ Student's signature: _____

Date: _____ Supervising veterinarian's signature _____

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Office Use only

Contact Supervising Veterinarian _____

MVMA Registrar's SIGNATURE: _____ Date: _____



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