

NYSAVT Relief Technician Service Technician Referral Form

Today's Date: _____

Contact Information

Name _____

Credentials _____

Specializations _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

License Number _____ License Date _____

Email _____

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Number of Weeks _____

Number of Months _____

Full-time

Part-time

Days

Nights

Emergency Duty

Please fax, mail or
email completed form
to NYSAVT
119 Washington Ave
2nd Floor
Albany, NY 12210
P 518-426-7920
F 518-432-5902
nysavt@gmail.com

Practice Type

Small Animal

Large Animal

Exotics

Skills

Lab Work Surgical Assisting Husbandry Anesthesia Blood Collection

Catheters Radiology Reception Computer Skills

Location(s) Available to Work

Salary Desired / HR _____

Additional Comments _____

