COASTAL ALABAMA COMMUNITY COLLEGE
VETERINARY TECHNOLOGY PROGRAM
OFF-CAMPUS CLINICAL FACILITY QUESTIONNAIRE
Revised January 2021

1. Name of Veterinary Hospital or Clinic _____

Address _____

City, State, Zip Code _____

Telephone_____Fax _____ E-mail _____

Website Address _____

2. Is the clinic/hospital AAHA accredited? _____yes _____no

Is the clinic/hospital State approved? _____yes _____no Permit # _____

3. Names of veterinarians in practice Owner or Associate ALVMA Member (Y/N)

_____ _____ _____

_____ _____ _____

_____ _____ _____

4. Does the practice specialize in any areas? If so, please list them:

_____

5. Do any of the veterinarians have specialty or board certified degrees? If so please give their name(s) and specialty or board certification.

_____

_____

6. If the practice employees are licensed veterinary technicians, please name them.

AVTA Member (Y/N)

_____ _____

_____ _____

7. Please list the names of other staff and their positions.

_____

_____

8. Please provide us with a copy of your veterinary license. If you have licensed technicians we need a copy of their license also. This is to verify to the AVMA that our clinical site supervisors are indeed licensed veterinarians or licensed veterinary technicians.