



The Commonwealth of Massachusetts  
**Division of Occupational Licensure**  
Board of Registration of Veterinary Medicine  
One Federal Street, Suite 600  
Boston, MA 02110  
Phone: (617) 701-8723

**PROFESSIONAL AND ETHICAL REFERENCE FORM**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,  
(applicant) (licensed veterinarian)

to provide the Board of Registration in Veterinary Medicine, with all information of any kind which the veterinarian may deem relevant to my qualifications as an applicant. I hereby release and discharge the endorser from all claims arising out of the provision of such information.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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The remainder of this form is to be completed by the licensed veterinarian named above. Failure to do so will render this document invalid. Do not complete unless the above waiver is signed. This form must be signed by a Notary Public.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Tel. Number: \_\_\_\_\_ 4. License Number: \_\_\_\_\_ 5. State where licensed: \_\_\_\_\_

6. Relationship to the applicant (supervisor, professor, etc.): \_\_\_\_\_

7: Length of time known: From \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

8. Indicate the setting(s) in which you have known the applicant, description of applicant's duties, and extent of your contact with applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you certify that the applicant is of good moral character? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you believe that this applicant conducts his/her activities in conformance with the Code of Ethics of the American Veterinary Medical Association (AVMA) Yes\_\_\_ No\_\_\_ If No, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. AFFIDAVIT

I, the undersigned, being duly sworn do state under penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

Date: \_\_\_\_\_

\_\_\_\_\_  
Endorser's Signature

Notary Name(print): \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_