



Application Form

Oregon Veterinary Emergency Response Team (OVERT)

Oregon State Department of Agriculture – Division of Animal Health and Identification
635 Capitol Street NE, Salem, OR 97301 (503) 986-4680

A cadre of private practice veterinarians and animal health technicians (AHT) willing to undergo training in animal health emergency response may be employed by the ODA in case of an animal health emergency. Applicants will be selected based on type of practice or specialty training, geographic region served, E-mail and Internet capability, and commitment as demonstrated by signing the statement at the bottom of the application. **Are you a:** **Veterinarian** or **AHT ?**

Name: _____
First (please print) Initial Last

Home Address: _____
County _____
City _____ State _____ Zip _____

Practice Name or Place of Employment: _____

Address: _____
City _____ State _____ Zip _____

Contact Information: Work # (____) _____ Fax # (____) _____

Mobile # (____) _____ Home # (____) _____

Email: _____

Veterinary or AHT School Graduated from: _____ Year: _____

Currently Licensed in Oregon? Yes No License # _____

Retired? Yes Last Year Licensed _____ State: _____

Livestock Market Experience? Yes No Number of Years: _____

Principal Type Clinical Experience (over 25%): (check all that apply)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> beef | <input type="checkbox"/> cervidae | <input type="checkbox"/> birds |
| <input type="checkbox"/> dairy | <input type="checkbox"/> small animal | <input type="checkbox"/> exotic |
| <input type="checkbox"/> swine | <input type="checkbox"/> poultry | <input type="checkbox"/> zoo |
| <input type="checkbox"/> equine | <input type="checkbox"/> small ruminant | <input type="checkbox"/> FSIS |
| <input type="checkbox"/> other government | <input type="checkbox"/> other _____ | |

Specialty Boards or Other Training _____

Applicant Commitment: I hereby agree to serve as an emergency responder when called upon by the ODA. (*Submission of application implies agreement.*)

Signature: _____ Date: _____