# Veterinary Staffing Solutions Requisition Form

Practice Name:

Practice Owner Name:

Main Contact (if not owner):

Practice Address:

City State Zip

Primary Phone: Email address:

Do you want to receive email communications about your inquiry and CVTS news? € Yes €No

Please select the service you are interested in learning more about:

|  |  |  |  |
| --- | --- | --- | --- |
| € Temporary Staff | € Permanent Placement | € Staff Training | € Consulting |

**Temporary Staffing Request**

|  |  |  |
| --- | --- | --- |
| ***List dates in groups*** | **From** | **To** |
| Date(s) Needed |  |  |
| Hours (minimum 6) |  |  |
| Date(s) Needed |  |  |
| Hours (minimum 6) |  |  |

**Staff Skill Level Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Upper Level** | **Lower Level** | **First Available** |
| Certified Veterinary Technician (CVT) |  |  |  |
| Approved Veterinary Assistant (AVA) |  |  |  |
| Client Service Representative (CSR) |  |  |  |
| Practice Manager |  |  |  |
| Veterinarian |  |  |  |

**Staff Training Topic(s):** Check all areas of interest

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| € Client Service | € Pet Restraint | | € Radiograph Positioning | | € Dental |
| € Triage | € Leadership | € | | € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Practice Management Consulting:** Check all areas of interest

|  |  |  |  |
| --- | --- | --- | --- |
| € Marketing | € Staff Development | € Practice Growth | € Employee Engagement |
| € Human Resources | € Client Service | € Practice Efficiency | € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please submit this completed form to* [*CompleteVetServices@gmail.com*](mailto:CompleteVetServices@gmail.com)*. One of our knowledgeable team members will reach out to you shortly.*