

MT. SAN ANTONIO COLLEGE  
**Registered Veterinary Technology Program**  
 1100 North Grand Avenue, Walnut, CA 91789  
 TEL (909) 274-4540  
 FAX (909) 468-3917  
 Email: [dwaters@mtsac.edu](mailto:dwaters@mtsac.edu)

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Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 By \_\_\_\_\_

**Application for Registered Veterinary Technology Program**  
*This program accepts applicants twice a year in the Fall and Spring*

**PLEASE PRINT THE FOLLOWING INFORMATION IN INK:**

1. \_\_\_\_\_  
 LAST FIRST MIDDLE PREVIOUS LAST NAMES

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

MSAC STUDENT ID NUMBER \_\_\_\_\_

2. IN CASE OF AN EMERGENCY INVOLVING YOURSELF, WHO SHOULD BE NOTIFIED?

\_\_\_\_\_

NAME RELATIONSHIP

\_\_\_\_\_

ADDRESS CITY STATE/ZIP PHONE NUMBER

3. **EDUCATION** – Please list high school, college, university, or military experience, etc.

SCHOOL	DATES (FROM/TO)	DIPLOMA/DEGREE	MAJOR

4. **GENERAL HEALTH.** Do you have any physical limitations or previous illnesses that would interfere with entering or completing this program? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You can either mail your completed application to the address below or drop it off in Building 80 – Office 2301A.

Mt. San Antonio College  
**Agriculture Department – RVT Program**  
1100 N. Grand Avenue  
Walnut, CA 91789