



# Ontario Association of VETERINARY TECHNICIANS

## Awards Nomination Form

You make the Association—Nominate the Best of the Best!

I wish to Nominate \_\_\_\_\_ (member # \_\_\_\_\_), as a member in good standing of the Ontario Association of Veterinary Technicians, to be considered as a candidate for one of the below listed awards presented by the OAVT. Winners will be announced at the Annual Conference.

*Please check the award(s) applied for:*

- Merit Award Eligibility:** Nominees are Technicians who are currently OAVT Members in good standing. Nominees should demonstrate a long standing history of community service and dedication at a regional, provincial and national level in any related association. The nominees should be those who promote and enhance the image of the members of the OAVT and the Veterinary Technology Profession.
- Veterinary Technician of the Year Award Eligibility:** Nominees are Registered Veterinary Technicians who are currently OAVT Members in good standing. Nominees must display dedication to the humane medical treatment of all animals and excel in all aspects of their field. The nominee should be one who enhances the image and recognition of the Registered Veterinary Technician in the public or Veterinary Medical communities.
- OAVT Appreciation Award Eligibility:** The Recipient of this award is a Company, Veterinarian or Sales Representative in the animal health community, who has demonstrated outstanding support and has contributed to the increased awareness of the veterinary technician's role in the animal health community.
- OAVT Veterinarian Award Eligibility:** The recipient of this award is a Veterinarian in the animal health community, who has demonstrated outstanding support and has contributed to the increased awareness of the veterinary technician's role in the animal health community.

Reason for Nomination: Please use a separate piece of paper to elaborate on the achievements, competencies, contributions, etc. of the nominee. Nominations are accepted from any person within the veterinary medical community.

Nominator / Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Check one of the following: In relation to the nominee, I am:

- an employer     a fellow Tech/co-worker     a supervisor     other (specify) \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_

**Nomination forms must be received by December 10th.**

O.A.V.T.  
Ontario Agricentre  
100 Stone Rd., W., Ste 104  
Guelph, ON N1G 5L3

**Or fax 519-836-3638 or email: [oavt@oavt.org](mailto:oavt@oavt.org)**

Please contact the office with any questions; 519-836-4910.