

**APPLICATION FORM  
VETERINARY MASSAGE  
AND  
REHABILITATION THERAPY**

Name: \_\_\_\_\_

Degree (please circle one): DVM, VMD, CVT, LVT, RVT,  
RN, LMT, CMT, LPT

Address: \_\_\_\_\_  
\_\_\_\_\_

Work phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email (mandatory): \_\_\_\_\_

Emergency phone number (will be kept private): \_\_\_\_\_



Admissions requirements:

1. Must be a licensed / registered or certified: Veterinarian, Veterinary Technician, Massage Therapist, Nurse or Physical Therapist
2. Professionals registering from outside the North American continent please provide copy of the pertinent Visa, Diploma and proper governmental licensure of the country that you are licensed and currently practicing
3. All applicants must include:
  - a. Copy of your current (not expired) state / provincial or governmental license or certification
  - b. Copy of your diploma
4. Two character reference letters, one from a non-family member and one from an employer
5. Two passport photos
6. All applicants must include a letter stating that you understand your states rules and regulations as they apply to integrative / complementary veterinary modalities
7. Include a **\$200.00** dollar deposit with the application form. The remaining of tuition (\$2,600.00) to be paid during the interview (**total of \$2,800.00**).
8. \*\*\*Please note that there will be an additional 2.1% charge for credit card transactions\*\*\*

The Healing Oasis Wellness Center  
2555 Wisconsin St  
Sturtevant, WI 53177-1825  
262-898-1680; 262-886-6460FAX  
US Toll Free: 866-203-7584

[CONTACT@HEALINGOASIS.EDU](mailto:CONTACT@HEALINGOASIS.EDU) OR [WWW.HEALINGOASIS.EDU](http://WWW.HEALINGOASIS.EDU)

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_