



# Well Animal Institute

80 Garden Center Bldg. C #18  
Broomfield, CO 80020, USA

## Anesthesia-Free Practitioner Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Race/Ethnicity & Gender Data:

What is your race/ethnicity? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Hispanic or Latino
- Other/ Unknown

What is your current gender identity?

- Male
- Female
- Other/Unknown

### Schooling

School Information: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO

### Anesthesia-Free Dental Practitioner Course Related Experience

List all courses that you have taken that will help make you a good alternative practitioner (e.g., Grooming, Dog Training, Animal Experience).

---

---

---

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads acceptance into the Anesthesia-Free Dental Practitioner course, I understand that false or misleading information in my application or interview may result in my release.*

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