



CHICAGOLAND VETERINARY TECHNICIAN SERVICES

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Technician Requisition Form

Hospital name: _____

Contact name and number: _____

Dates needed From: _____ To: _____

Hours (min.6) From: _____ To: _____

Technician level (please select if you have a preference, otherwise select first available) :

Upper Level : _____ Lower Level : _____ First Available: _____