



RURAL VETERINARIAN INCENTIVE PROGRAM 2025 APPLICATION

APPLICANT INFORMATION

Name (First – Middle – Last – Suffix)				
Date of Birth	Driver's License Number / State	Other Names Used (if applicable)		
Current Address	City	State	ZIP Code	
Office Address (if applicable)	City	State	ZIP Code	
Primary Phone Number	Office Phone Number (if applicable)			
Email Address	Office Email Address (if applicable)			
Are you a citizen of the United States or a Legal Permanent Resident?		No	Yes	
Have you ever been arrested, cited, or charged with a crime other than a traffic violation? No Yes-Explain:				

EDUCATION AND TRAINING

High School	City / State	Graduation Date
Undergraduate institution	City / State	Graduation Date
Veterinary college/university	City / State	Graduation Date
Residency program (if applicable)	City / State	Completion Date
Internship, externship, or other special training	City / State	Completion Date



LICENSE AND CERTIFICATION

Texas Veterinary License Number	Date Issued	Current Status
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If you are not yet licensed, please provide:
Anticipated date state licensing exam will be taken: _____

North American Veterinary Licensing Examination (NAVLE)
Passed? No Yes Date taken or anticipated date: _____

Do you hold a license to practice veterinary medicine in any state or country other than Texas?
No Yes

If yes:
Specify Location: _____ License Number: _____

Has your license been suspended, revoked, or surrendered?
No Yes-Explain: _____

Any additional licenses or certification:

License/Certification: _____ Date Received: _____

License/Certification: _____ Date Received: _____

License/Certification: _____ Date Received: _____

RELEVANT EXPERIENCE AND EMPLOYMENT

Licensed veterinarians, please complete Sections A-B. Currently enrolled students may complete Section B, if known, by designating the response as "Anticipated." Otherwise, currently enrolled students must complete Sections A and C only.

Section A

Employer	Position	Address	Dates Employed
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Full time Part time-Weekly hours: _____

Employer	Position	Address	Dates Employed
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Full time Part time-Weekly hours: _____

Employer	Position	Address	Dates Employed
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Full time Part time-Weekly hours: _____



Section B

Name of clinic and county where you practice.	Start Date	
Number of veterinarians in the county or wider area in which you practice. _____		
Practice Type		
Large Animal	Equine	Small Animal
Mixed (check one): predominantly large / predominantly small		
Other-Specify: _____		

Detail any involvement in professional, educational, or personal activities relating to rural veterinary medicine.

Loan Provider	Loan Number	Date Issued	Loan Amount	Balance

<p>Did the total loan amount cover at least 50 percent of tuition and fees for one or more academic years?</p> <p>No Yes</p>
<p>Have you applied for loan repayment from other sources?</p> <p>No Yes-identify: _____</p>
<p>Are you currently receiving loan repayment from other sources?</p> <p>No Yes-identify source: _____ Amount: _____</p>
<p>Are you currently providing veterinary medical services as part of a scholarship agreement, an educational loan agreement, or another educational loan repayment agreement?</p> <p>No Yes-explain: _____</p>



ADDITIONAL REQUIRED ATTACHMENTS

Please attach the following to this application form:

1. Verification from your lender of your outstanding educational loan(s) balance.
2. A personal statement regarding your interest and commitment to serving rural communities in Texas through veterinary medicine.
3. Your curriculum vitae.
4. A business plan identifying a community need and detailing your plan to meet that opportunity through your veterinary practice.
5. Two letters of recommendation regarding your professional training and competence. The letters should encompass your potential success in the program, how your experience relates to rural veterinary medicine, and any other information that would be helpful to the Committee in evaluating your application.
6. Optional: List of three references.

AFFIRMATION

In addition to the foregoing;

- a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas and will not be returned in whole or in part.
- b) I hereby give my permission to the Texas Animal Health Commission to secure additional information concerning me or any of the statements in this application from any person or any source the Commission may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Commission.
- c) Further, I give the Texas Animal Health Commission permission to obtain any information from my lender(s) that may be needed to verify the contents of this application.

I herein state that all facts, statements, and answers contained in this application are true and correct. I hereby submit this application and required attachments for a veterinary loan repayment award subject to the provisions of the Texas Education Code Sections 56.101–56.106 and 61.9965, and to the rules and standards adopted by the Rural Veterinarian Incentive Program Committee.

Applicant Printed Name	Applicant Signature / Date
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RURAL VETERINARIAN INCENTIVE PROGRAM 2025 APPLICATION INSTRUCTIONS

The 2025 application deadline is **November 30, 2025 at 6:00 pm CDT.**

Applicants should submit the completed Rural Veterinarian Incentive Program 2025 Application Form and all required attachments by email to rvip@tahc.texas.gov or by mail to Rural Veterinarian Incentive Program; Texas Animal Health Commission; P.O. Box 12966; Austin, Texas 78711.

If more space is needed than provided on the application, please feel free to attach the requested information as a separate document.

To be considered, applications must include:

- Verification from your lender of your outstanding educational loan(s) balance.
- A personal statement regarding your interest and commitment to serving rural communities in Texas through veterinary medicine.
- Your curriculum vitae.
- A business plan identifying a community need and detailing your plan to meet that opportunity through your veterinary practice.
- Two letters of recommendation regarding your professional training and competence. The letters should encompass your potential success in the program, how your experience relates to rural veterinary medicine, and any other information that would be helpful to the Committee in evaluating your application.
- Optional: A list of three references.