
(Name and address of the practice owner)

Certificate
on the Second Stage of the Practical Training
in the Therapeutic Practice of a Veterinary Surgeon (Section 57 (2) of the
Ordinance concerning the Certification of Veterinary Surgeons)

The student of veterinary medicine _____
(First name and surname)

completed practical training in accordance with Section 58 in my practice

in the period from _____ to _____

(_____) hours.

I swear that I meet the requirements of Section 58 (1) of the Ordinance concerning the Certification of Veterinary Surgeons.

(Seal or stamp)

_____, (date)_____

(Signature of practice owner)