
(Name of the Animal Hospital)

**Certificate
on Practical Training in an Animal Hospital**

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

Completed practical training in accordance with Section 59 of the Ordinance concerning the Certification of Veterinary Surgeons

in _____
(name of the animal hospital)

in the period from _____ to _____ (_____ hours).

(Seal or stamp) _____, (date) _____

(Signature of the head of the animal hospital)