



# Professional Animal Care Certification Council®

## Operator Attestation Statement

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

The candidate named above is registering to sit for the **Operator** examination offered by the Professional Animal Care Certification Council®. By signing this reference, you indicate that to the best of your knowledge and belief the candidate has successfully demonstrated:

- A minimum of Five years of experience in an Owner/Operator level position within the pet care services industry.
- Effective employee and animal care leadership and facility management skills.
- Effective business operations.
- A positive relationship with clients, colleagues/associates, competitors, community, pet industry and pet industry organizations/associations
- Skillful, safe and humane handling of pets in his/her role as an animal care provider in your community as reflected in the PACCC Code of Ethics and Humane Pet Care Position Statement. Code of Ethics Link....; Humane Pet Care link...

Reference Name (Please Print): \_\_\_\_\_

Reference Address: \_\_\_\_\_

Reference Phone Number: \_\_\_\_\_

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

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

Circle one:      Fellow Business Owner      Business Reference      Organization/Association

Veterinarian      License Number: \_\_\_\_\_

Pet Industry Professional \_\_\_\_\_ Title and/or Certificate # \_\_\_\_\_

\_\_\_\_ PACCC Certificate Recipient      Certificate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_