



Professional Animal Care Certification Council®

PACCC - Provider Examination Attestation Statement

Candidate's Name: _____

Candidate's Address: _____

The candidate named above is registering to sit for the **Provider** 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 positive relationship with clients, colleagues, 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 (found at www.paccert.org/docs).

Reference Name (Please Print): _____

Reference Address: _____

Reference Phone Number: _____

Circle One:

- Facility Manager
- Previous Employer
- Client
- Veterinarian. License Number: _____
- Pet Industry Professional. Title and/or Certificate # _____
- PACCC Certificant. Certificate Number: _____ Expiration Date _____

Signature: _____

Date: _____