

8. Personal Data:

If any of the following questions are answered "Yes" full details must be furnished on a separate sheet and attached, and shall be considered as part of this application.

Have you ever:

	Yes	No
Had a veterinary license cancelled, limited, suspended or revoked?	?	?
Been subject to proceedings by a licensing agency to cancel, limit, suspend or revoke a veterinary license?	?	?
Been denied veterinary licensure in another state?	?	?
Been convicted, or is there now pending any criminal prosecution against you which would constitute a felony, involving the practice of veterinary medicine or involving moral turpitude?	?	?
Been treated, hospitalized or confined for:		
1. Alcoholism or alcohol abuse?	?	?
2. Drug Abuse?	?	?
3. Mental illness?	?	?
Been requested to appear, or appeared, before any licensure board concerning any violation by you of any law, rule or regulation of any state, district, territory or province of the United States or Canada?	?	?
If licensed in a state I will furnish proof that this license is in good standing with no actions pending against the license, by means of a letter from the Examining Board in that state.	?	?

9. Height: _____ Weight: _____

Color of Eyes: _____ Color of Hair: _____

Distinguishing Mark: _____

(Photo)

I certify that the above photograph is a true likeness of myself.

Enter the date taken on the photograph (within the last five years) and sign in ink across the bottom.

10. All applications must be accompanied by applicable fees. Fees are non-refundable.

Schedule of fees: \$75.00

AFFIDAVIT

I, _____, being first duly sworn depose and say that I am the person described and identified; that I have not engaged in any of the acts prohibited by the veterinary practice statutes of the state of South Dakota; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in the application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice veterinary medicine and surgery in the State of South Dakota.

Dated _____ signed _____
signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public

Seal

My Commission expires _____