

Registration No. \_\_\_\_\_ Date Issued \_\_\_\_\_

**STATE OF SOUTH DAKOTA**

**VETERINARY MEDICAL EXAMINING BOARD  
411 SOUTH FORT STREET  
PIERRE, SD 57501**

**APPLICATION FOR REGISTRATION OF VETERINARY LIVESTOCK ASSISTANT**

I hereby apply for a certificate of registration as a Veterinary Livestock Assistant to assist in the practice of Veterinary Medicine in the state of South Dakota and submit the following statement in support of such registration.

1. Name: \_\_\_\_\_  
Last First Middle

2. Permanent Address: \_\_\_\_\_  
Street/Box City State Zip

3. Telephone Number: Area code (\_\_\_\_) \_\_\_\_\_

4. Education: Elementary 1 2 3 4 5 6  
Secondary 7 8 9 10 11 12  
Higher Education 1 2 3 4 5 6

5. Supervising Veterinarian: Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/Box City Zip

Phone-Office: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

6. Livestock Assistant tasks to be performed by Applicant:  
Spaying of heifers: Yes \_\_\_\_\_ No \_\_\_\_\_  
Administration of biologics and pharmaceuticals: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Practice Agreement:  
(Attach copy of Practice Agreement as required by ARSD 20:57:05:02)

8. Supervising Veterinarian name: \_\_\_\_\_

\_\_\_\_\_  
Signature License # Date

9. Veterinary Livestock Assistant name: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Return To: SD Veterinary Medical Examining Board  
411 South Fort Street, Pierre, SD 57501

**PRACTICE AGREEMENT WITH VETERINARIAN IS REQUIRED TO ACCOMPANY APPLICATION**