



SD VETERINARY MEDICAL EXAMINING BOARD

411 South Fort Street
Pierre, South Dakota 57501-4503
Phone: (605) 773-3321
Fax: (605) 773-5459

APPLICANT AUTHORIZATION:

NAME: _____ LICENSE # _____

ADDRESS: _____

I authorize the Veterinary Medical Board of _____
to release the information below to the Veterinary Medical Examining Board of South Dakota.

Applicant Signature: _____ Date: _____

BOARD VERIFICATION:

BOARD NAME: _____

BOARD ADDRESS: _____

BOARD PHONE: _____ BOARD FAX: _____

APPLICANT LICENSE NUMBER: _____

DATE LICENSE ISSUED: _____

Qualifications for licensure in year of issue (exams, experience, etc):

Current License status (active, inactive, lapsed, etc): _____

Disciplinary Action?	_____ NO	_____ YES
Current Disciplinary Action?	_____ NO	_____ YES
Pending Disciplinary Action?	_____ NO	_____ YES

If yes to any disciplinary action, please attach a certified copy of Finding of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.

**OFFICIAL
BOARD SEAL**

Name of Board Official: _____

Signature of Board Official: _____

Title: _____ Date: _____