

Registration No. _____ Date Issued _____

STATE OF SOUTH DAKOTA

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

APPLICATION FOR RENEWAL OF REGISTRATION OF VETERINARY LIVESTOCK ASSISTANT
Renewal is due July 1, 2025. No Fee Required.

I hereby apply for a Renewal 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 Renewal 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 Current 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