



**SD VETERINARY MEDICAL EXAMINING BOARD**

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

**APPLICATION FOR REGISTRATION  
VETERINARY MEDICAL CORPORATION ACT**

**NAME OF CORPORATION:** \_\_\_\_\_

**ADDRESS OF COPRORATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAMES OF INCORPORATORS:**

\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_

**NAMES OF SHAREHOLDERS:**

\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_

**OFFICERS:**

**PRESIDENT:** \_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
**VICE-PRES:** \_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_  
**SEC-TREAS:** \_\_\_\_\_ SS# \_\_\_\_\_ SD LIC # \_\_\_\_\_

**HAVE YOU FILED FOR INCORPORATION WITH THE SECRETARY OF STATE'S OFFICE?** \_\_\_\_\_

**DATE OF INCORPORATION:** \_\_\_\_\_

ATTACH COPIES OF ARTICLES OF INCORPORATION AND CORPORATE BYLAWS. IN THE EVENT AMENDMENTS ARE MADE, SUCH AMENDMENTS SHALL BE SUBMITTED TO THE SECRETARY OF THE BOARD OF VETERINARY MEDICAL EXAMINERS, 411 S FORT ST, PIERRE SD 57501. SUBMIT THE FEE OF **\$50.00** WITH THIS APPLICATION.