License No.	Date Issued	

STATE OF SOUTH DAKOTA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

411 South Fort Street Pierre, South Dakota 57501

APPLICATION FOR LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY

I hereby apply for a certificate of registration to practice Veterinary Medicine and Surgery in the State of South Dakota and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

I. Name	Last Name	First Name	IE	a Nama	
(Print)			Middl	e Name	
2. Permanent Addre	Address		City	State	Zip Code
3 Phone			•		•
4. Place and date of	f birth City	State	County		Date
5. Present residence	e		2 2		
o. Tresent residence	Address		City	State	Zip Code
6. Are you a citizer	n of the United States? Yes	No			
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. Veterinary Education: I have spentyears in the study of Veterina Day/Month/Year Day/Month/Year rom to		/Year Na	me of School	Location	
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Had a veterinary license denied, cancelled, limited, suspended, or revoked? Been convicted, or is there now pending any criminal prosecution against you which would constitute a felony, involving the practice of veterinary medicine? 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 Foreign Country? 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. (Photo) (Photo) (Photo) AFFIDAVIT		No
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 Foreign Country? 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. (Photo) (Photo) (Photo) (Photo) AFFIDAVIT		
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, being first duly sworn depose and say that I am ibed and identified; that I have not engaged in any of the acts prohibited by the veterinary practice statutes of a Dakota; that I am the person named in the diploma which accompanies this application; that I am the lawful ma; that said diploma was procured in the regular course of instruction and examination without fraud or mi e carefully read the questions in the foregoing application and have answered them completely, without reservand I declare under penalty of perjury that my answers and all statements made by me herein are true and cortain any false information in the application, I hereby agree that such act shall constitute cause for the denial, so		
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Signature of Applicant		

Notary Public

My Commission expires ____

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