



10. Personal Data:

If any of the following questions are answered "Yes" full details must be furnished on a separate sheet and attached, and shall be considered as part of this application.

Have you ever:	Yes	No
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)

I certify that the above photograph is a true likeness of myself.

Enter the date taken on the photograph (within the last five years) and sign in ink across the bottom.

11. All applications must be accompanied by applicable fees. Fees are non-refundable.

Schedule of fees: \$75.00

AFFIDAVIT

I, \_\_\_\_\_, being first duly sworn depose and say that I am the person described and identified; that I have not engaged in any of the acts prohibited by the veterinary practice statutes of the state of South Dakota; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in the application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice veterinary medicine and surgery in the State of South Dakota.

Dated \_\_\_\_\_ signed \_\_\_\_\_  
signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Seal

My Commission expires \_\_\_\_\_