

AFFIDAVIT OF RETIREMENT

STATE OF _____
PARISH or COUNTY OF _____

BEFORE ME, the undersigned Notary, in and for the State and Parish or County aforesaid, came and personally appeared _____, DVM who holds license number _____ to practice veterinary medicine in the State of Louisiana and who declares that s/he is a resident of the full age of majority of the Parish or County of _____, and who further declares that:

- S/he no longer practices any form of veterinary medicine in the State of Louisiana,
- S/he has been retired since _____, and
- S/he wishes to retain an Inactive Retired license in the State of Louisiana.

The undersigned individual declares that s/he is in understanding that upon submission of this affidavit of retirement, any practice of veterinary medicine by the affiant is illegal and could result in prosecution and permanent revocation of his/her license to practice veterinary medicine in the State of Louisiana.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, on this _____ day of _____, 20__ at _____, _____ State

Signature of Licensee: _____

NOTARY
SEAL

Notary Public: _____