

**AFFIDAVIT of ACTIVE MILITARY SERVICE**

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned Notary, in and for the Parish/County and State 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/County of \_\_\_\_\_, and who further declares that s/he is on active military duty in the \_\_\_\_\_  
branch of service.

(A copy of her/his active military orders is attached.)

The undersigned individual has also declared that s/he understands that this affidavit is effective for a period of one (1) year and that s/he may be entitled to exemption of the renewal fee payment and/or continuing education requirements for this period of time upon written request for such exemptions being made to the Board for review and acceptance.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at

\_\_\_\_\_, \_\_\_\_\_  
City State

Signature of Licensee \_\_\_\_\_

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

( S E A L )

<b>LICENSEE note:</b> Requests for waiver of renewal fees and/or CE requirements based on Military Active Status must be made to the Board in writing annually with the submission of this affidavit and annual renewal forms. Waiver requests must go before the full Board annually for approval/acceptance.
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