STATE OF ___________________________
PARISH/COUNTY OF __________________________

AFFIDAVIT OF DISABILITY

BEFORE ME, the undersigned Notary, in and for the Parish or 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 he/she is a resident of the full age of majority of the Parish/County of _______________________________, and who further declares that:

- He/she no longer practices any form of veterinary medicine in the State of Louisiana
- He/she has been disabled since ___________________(date),
- He/she has provided a statement from his/her physician attesting to a state of physical incapacity which has prevented him/her from practicing veterinary medicine from ____________________ to ______________________,
- He/she (check one)
  - ☐ is able to practice veterinary medicine at the time this affidavit is signed;
  - ☐ is **not** able to practice veterinary medicine at the time this affidavit is signed, and
- He/she fully understands that if he/she is unable to practice veterinary medicine at the time that this affidavit is signed, that he/she must submit an affidavit attesting that he/she is able to practice veterinary medicine, supported by a physician's statement attesting that a state of incapacity no longer exists, before resuming the practice of veterinary medicine.

The undersigned individual declares that he/she is in understanding that this Affidavit of Disability is effective for a period of one (1) year.

The undersigned individual recognizes that he/she is not required by the Board to submit this affidavit of disability; rather, the undersigned individual is hereby requesting the Board to consider his/her disability for the purpose of either waiving license renewal fees and/or continuing education requirements.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, on this _______________ day of _______________________________, 20___at ___________________________, _________________.
City State

Signature of Licensee:

____

S E A L

Notary Public:

____

Rev. 6/2013

LICENSEE note: Requests for waiver of renewal fees and/or CE requirements based on disability 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.

PHYSICIAN'S STATEMENT OF DISABILITY

To be completed by Veterinarian:

I, ________________________________, (name of veterinarian)

do hereby authorize the release of all information requested below to the Louisiana Board of Veterinary Medicine.

Signature of Veterinarian: ______________________ Date: _________________

License Number: _________________

ALL INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL.

To be completed by Physician: (please complete all information; do not leave blanks)

I, _______________________________, the undersigned physician do hereby certify
(name of physician)

that ___________________________________ has been under my care since _____________
(name of veterinarian) (date)

for a condition which renders him/her: (Check all items that apply.)

☐ unable to practice veterinary medicine;

☐ unable to attend programs, seminars, and the like for continuing education credits.

Please indicate the best possible responses to the following items:

1. Diagnosis: ____
2. This condition is:
   ☐ Temporary - dates of disability - from ___________ to _____________
   ☐ Permanent - date disability became permanent - ________________________
3. Prognosis for recovery or significant change in condition:
   ☐ poor ☐ fair ☐ good

Signature of Physician: _______________________ Date: ______________________

Thank you for your cooperation and assistance in this matter. This form may be returned to the licensee or may be mailed directly to the board office at:

Louisiana Board of Veterinary Medicine
5825 Florida Blvd.
Baton Rouge, LA 70806

Telephone: (225) 925-6620
FAX: (225) 925-6622
admin@lsbvm.org | www.lsbvm.org