

**AFFIDAVIT OF RETIREMENT**

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

BEFORE ME, the undersigned Notary, in and for the State and Parish/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 \_\_\_\_\_, \_\_\_\_\_  
City State

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

NOTARY  
SEAL

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

LICENSEE NOTE: Requests for waiver of renewal fees and/or CE requirements based on Inactive Retired Status must be made to the Board in writing annually with the submission of this affidavit and annual renewal form. Waiver requests must go before the full Board annually for approval/acceptance.

Mail Form to: **Louisiana Board of Veterinary Medicine**  
5825 Florida Blvd.  
Baton Rouge, LA 70806