



6.  No  Yes ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAGED, IN THE ABUSE OF ALCOHOL AND/OR ILLEGAL US EOF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES? (If "Yes", explain in detail on a separate sheet and attach to this application.)
7.  No  Yes ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARTDS TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED SUBSTANCES? (If "Yes", explain in detail on a separate sheet and attach to this application.)
8.  No  Yes HAVE YOU ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE IN THE STATE OF LOUISIANA (except as allowed in La. R.S. 37:1511-1558)? (If "Yes", explain in detail on a separate and attach to this application; include dates of practice or employment, name, address, and phone number of practice where you were employed, name of supervising veterinarian, position held, and brief description of duties performed.)

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## AFFIDAVIT

State of \_\_\_\_\_

Parish or County of \_\_\_\_\_

Before me, a Notary Public, duly commissioned and qualified of the above said Parish or County and State personally came and appeared the applicant indicated herein who, after being duly sworn, did depose and state:

"I hereby certify that all answers on the application update form are true and correct to the best of my knowledge."

\_\_\_\_\_  
Full, true and correct signature of applicant without abbreviation

Sworn to and subscribed before me and in testimony hereof I have hereunto set my hand and official seal

S E A L

on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

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

Mail completed form and fee payment to:

**LOUISIANA BOARD OF VETERINARY MEDICINE**

5825 Florida Blvd.

Baton Rouge, Louisiana 70806

(225) 925-6620 | admin@lsbvm.org

For an original application form, or for questions on application procedures, you may contact us at the address or phone number above.