

## APPLICATION FOR LEAD CAET DESIGNATION

*If you are applying for designation as the Lead CAET at your facility, this certification must be completed and returned in original form, along with copy of current CDS and DEA licenses for the facility.*

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I, \_\_\_\_\_, certify that I have been appointed by  
Print NAME OF APPLICANT

\_\_\_\_\_ to take the responsibility as LEAD  
CAET  
Print NAME OF EMPLOYING SHELTER/FACILITY

for the shelter/facility.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

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### *TO BE COMPLETED BY SHELTER/FACILITY DIRECTOR OR SUPERVISOR:*

I, \_\_\_\_\_, \_\_\_\_\_  
Print NAME OF DIRECTOR/SUPERVISOR Print TITLE

for \_\_\_\_\_, certify that the above named  
applicant has  
Print NAME OF SHELTER/FACILITY

been appointed by this shelter/facility to take the responsibility as LEAD CAET.

\_\_\_\_\_  
Signature of Director/Supervisor

Date: \_\_\_\_\_

CertOfLeadDesgntn – Rev. 5/2020

*Mail ORIGINAL form to:*

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