

LOUISIANA BOARD OF VETERINARY MEDICINE

5825 Florida Blvd, Baton Rouge, LA 70806
225-925-6620 (Office) | 225-925-6622 (Fax) | admin@lsbvm.org | www.lsbvm.org

APPLICATION FOR LEAD CAET DESIGNATION

If you are applying for designation as the Lead CAET at your facility, this certification must be completed, signed and mailed along with copies of current CDS and DEA licenses for the facility and proof of completion of a Board-approved training course in chemical capture. Documents may be scanned/emailed; however, original documents must still be mailed to the Board office (address at bottom of form).

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

_____ to take the responsibility as
Print NAME OF EMPLOYING SHELTER/FACILITY

Lead CAET for the shelter/facility.

TO BE COMPLETED BY SHELTER/FACILITY DIRECTOR OR SUPERVISOR:

I, _____, _____
Print NAME OF DIRECTOR/SUPERVISOR Print TITLE

for _____, certify that the above named
Print NAME OF SHELTER/FACILITY

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

Signature of Director/Supervisor

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, on this _____ day of _____,
20____ at _____, _____

City

State

Signature of Licensee: _____

Signature of Director/Supervisor: _____

NOTARY
SEAL

Signature of Notary Public: _____

Mail completed and notarized form to: **Louisiana Board of Veterinary Medicine**
5825 Florida Blvd.
Baton Rouge, LA 70806