

*STATE OF ARKANSAS
VETERINARY MEDICAL EXAMINING BOARD
P. O. BOX 8505
LITTLE ROCK, AR 72215
(501) 224-2836*

CORPORATE PRACTICE APPLICATION

In compliance with Rules & Regulations adopted by the Board – “Corporations”: The standard professional title for a corporate veterinary practice shall be as required by the Professional Corporation Act. Veterinary practice may be by sole practitioners, partnerships or duly registered corporations. Only licensees may be partners. No corporation may practice or offer to practice unless it holds a current corporate certificate from this Board.

INSTRUCTIONS: Complete this form and retain a copy for your records. **Mail (1) the original application form, (2) a copy of your Articles of Incorporation and (3) the \$35.00 application fee to the Board office.**

List name and address of corporation as identified on the Articles of Incorporation:

NAME OF CORPORATION: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

(Street/P.O. Box) (City) (State) (Zip)

List below the full name and the Arkansas license number of all persons who are incorporators, officers, directors or shareholders of the above named corporation:

NAME

LICENSE NUMBER

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

(Please use a separate sheet of paper if you need to list additional names.)

I hereby certify that the information on this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

For Board Use Only:
Application Number: _____ Received By: _____ Date: _____

Revised 05/2017