



MINNESOTA BOARD OF VETERINARY MEDICINE
2829 University Ave Southeast #401
Minneapolis, MN 55414-3250
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Website: www.vetmed.state.mn.us

BOARD USE ONLY

RECEIVED _____
PAYMENT DATE _____
CHECK NUMBER _____
REGISTRATION _____

PROFESSIONAL FIRM – INITIAL REGISTRATION FORM

Minnesota Statutes, Chapter 319B, requires Professional Corporations, Professional Limited Liability Companies, and Professional Limited Liability Partnerships (“Professional Firms”) to file with the board having jurisdiction over the pertinent professional service and to pay a **\$100** filing fee with the initial report.

1. The name and address of the firm as filed with Minnesota Secretary of State:

Name of firm:		Type of Firm (PA, PC, LCC, etc.):
Address:		Phone:
		Fax:
Firm E-mail:		
Website:		

2. Name and address of each owner of an ownership interest and each person occupying a position with governance authority: *“Governance Authority” means authority and responsibility to determine important policies for a professional firm, superintend the professional firms’ overall operations, and maintain general, active management of and ultimate control over all matters involving professional judgment.*

****Please use supplemental page if more than one**

Name:	
Address:	
City, State, Zip:	
Day Phone:	
E-mail:	

I certify that all shareholders, directors, officers, employees, and agents rendering professional service in Minnesota on behalf of the corporation are licensed veterinarians authorized to render such professional services.

Signature of owner: _____

Date: _____

Name of Owner (print or type) _____

Title: _____ MN License Number _____

Minnesota Tax ID Number: _____

Please include the following with your registration:

- a) Organizational articles
- b) Certificate of authority (signed by Secretary of State)
- c) Filing fee - \$100 payable to Minnesota Board of Veterinary Medicine

Mail to:

Board of Veterinary Medicine
 2829 University Ave SE #401
 Minneapolis, MN 55414

3. Name and address of each veterinarian employed by your professional firm, including part-time and relief workers.

Professional Firm Employee Information		Check all that apply
Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

Name:	E-mail:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Owner
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		