



MINNESOTA BOARD OF VETERINARY MEDICINE
 2829 University Ave Southeast #401
 Minneapolis, MN 55414-3250
 Phone: 651-201-2844 Fax: 651-201-2842
 Email: vet.med@state.mn.us
 Website: <http://mn.gov/boards/veterinary-medicine/>

BOARD USE ONLY

RECEIVED _____
 CHECK NUMBER _____
 REGISTRATION _____

**PROFESSIONAL FIRM – INITIAL REGISTRATION FORM
 NONPROFIT CORPORATIONS**

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. This includes nonprofit corporations organized under Minnesota Statutes, Chapter 317A.

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

Name of firm:		
Address:		Phone:
		Fax:
Firm E-mail:		
Website:		
Minnesota Tax ID Number:		

2. Name and address of veterinarian 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. For nonprofit corporations list the veterinarian(s) with governance authority

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

I certify that at least one director of this organization rendering veterinary professional service in Minnesota is a licensed Minnesota veterinarian and who has governance authority to render such professional services.

 Signature of Veterinarian with governance authority Date

 Name of Veterinarian (print or type) Title

 Signature of Veterinarian with governance authority Date

 Name of Veterinarian (print or type) Title

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

Professional Firm Employee Information (use additional pages if necessary)		Check all that apply
Name:	E-mail:	<input type="checkbox"/> Nonprofit director <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief
Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

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

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Minnesota veterinary license number:		
Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work		

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