Board use only: v.2026

Minnesota Board of Veterinary Medicine

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Email: vet.med@state.mn.us
Website: mn.gov/boards/veterinary-medicine/

PROFESSIONAL FIRM – ANNUAL REPORT FORM
Date due: January 1, 2027

This form should be completed and digitally uploaded in the Supporting Documents section of the on-line firm renewal.

Table A – Firm Name

Name of Firm:		Type of Firm (PA, PC, LLC, etc.):	
Address:		PF Registration #:	
City, State, Zip:		Phone:	
Firm E-mail:		Fax:	
Website:			
Firm Type:	Brick & Mortar ☐ Mobile ☐ Brick & Mortar/ Mobile ☐ Consulting ☐ Research ☐ Other ☐		
Have the contents of this firm's organizational document, certificate of authority, or statement of foreign qualification changed since the filing of the most recent report? (MS 319B.11)	No ☐ Yes* ☐ *If yes, please include documentation of the changes or amendments with this report.		

Has the primary contact information (above) changed in the past year? Yes (New info is listed above) ☐ No (It is the same as the past annual report) ☐

Tabel B – Owner Name MUST BE LICENSED VETERINARIAN

Name of Owner:		Firm Name: *(Same as Tabel A)*	
State Licensed in:		License #:	
Address:		Primary Phone:	
City, State, Zip:		E-mail:	

Table C – Governance Authority Name(s) MUST BE LICENSED VETERINARIAN
See instructions for Governance Authority

Governance Authority Information		
Name:	License #:	Licensing State:
Governance Role:	E-mail:	
Street Address:	Primary Phone:	
City, State, Zip:		
Additional Governance Authority Information *(If applicable)*		
Name:	License #:	Licensing State:
Governance Role:	E-mail:	
Street Address:	Primary Phone:	
City, State, Zip:		

Does this professional firm own more than one clinic location in Minnesota? *If yes, please fill out page 2 for **each** location.	No ☐ Yes* ☐ *# of locations: _____

CONTINUED ON NEXT PAGE →

***Please complete this page for each location owned by the Professional Firm listed on page 1**

Table D

Name of Firm: *(Same as page 1)*		Type of Firm (PA, PC, LLC, etc.): *(Same as page 1)*
Clinic Name (dba):		Clinic Registration #:
Clinic Address:		Clinic Phone:
City, State, Zip:		Clinic Fax:
Clinic E-mail:		Clinic Website:

FIRM'S LICENSED VETERINARIANS AND LVTs AT ABOVE LOCATION DURING CALANDER YEAR

(Use additional pages or attach a list with all information if necessary)

Table E

Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		
Name:			MN License #:	Veterinarian ◯	LVT ◯
Governance Role:	Owner ☐		Shareholder ☐	Neither ☐	
Employment Status:	Full-Time ☐		Part-Time ☐	Relief ☐	
Date of Employment:			Date of Termination:		

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

You must be a Licensed Veterinarian with Governance Authority or Ownership to sign this form.

Signature of Governance Authority/Owner	Name of Governance Authority/ Owner (Print)	Date	Phone
Signature of Second Governance Authority /Owner *(If applicable)*	Name of Second Governance Authority/Owner (Print)	Date	Phone