



Minnesota Board of Veterinary Medicine

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PROFESSIONAL FIRM – ANNUAL REPORT FORM

Date due: January 1, 2017

Enclose \$25 check or money order and mail with completed form to:

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

Minnesota Statutes Chapter 319B, The Professional Firms Act, requires every Professional Corporation, Professional Limited Liability Company, and Professional Limited Liability Partnership to file an annual report on or before January 1 with the board having jurisdiction over the pertinent professional service. A **\$25** filing fee is due with the annual report.

Name of Firm:		Type of Firm (PA, PC, LLC, S-Corp, etc):
Other Name:		
Address:		Phone:
City, State, Zip:		Fax:
Firm E-mail:		
Website:		
<input type="checkbox"/>	I certify the contents of this firm's organizational document, certificate of authority, or statement of foreign qualification have not changed since the filing of the most recent report (under MS 319B.11).	
<input type="checkbox"/>	The contents have changed and documentation of the changes or amendments are attached.	

Instructions for filling out form:

For the following tables, please check "ownership status" box if you are an owner, have an ownership interest, or occupy a position with governance authority. * For all employed veterinarians select "Full-time", "Part-time", or "Relief".

If firm includes multiple clinics, complete 1 form per clinic.

**"Governance Authority" means authority and responsibility to determine important policies for a professional firm, superintend the professional firm's overall operations and maintain general, active management of and ultimate control over all matters involving professional judgment.*

FIRM'S LICENSED VETERINARIANS (use additional pages or attach a list with all information if necessary)

Name:		MN License #:
E-mail:		Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>	
Mailing Address: <i>(If different from firm address)</i>		
Name:		MN License #:
E-mail:		Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>	
Mailing Address: <i>(If different from firm address)</i>		

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Board use only:

Received:	Check #:	Amount:	Approved:
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Name:	MN License #:
E-mail:	Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>
Mailing Address: <i>(If different from firm address)</i>	
Name:	MN License #:
E-mail:	Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>
Mailing Address: <i>(If different from firm address)</i>	
Name:	MN License #:
E-mail:	Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>
Mailing Address: <i>(If different from firm address)</i>	
Name:	MN License #:
E-mail:	Phone:
Ownership Status: Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Neither <input type="checkbox"/>	Employment status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>
Mailing Address: <i>(If different from firm address)</i>	

VETERINARIAN EMPLOYMENT STATUS CHANGES SINCE LAST RENEWAL

Name:	Date of Employment:
MN License #:	Date of Termination:
Name:	Date of Employment:
MN License #:	Date of Termination:
Name:	Date of Employment:
MN License #:	Date of Termination:

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

_____ Signature of Owner	_____ Name of Owner (print)	_____ Date	_____ Phone
_____ Signature of a Second Owner (if applicable)	_____ Name of a Second Owner (print)	_____ Date	_____ Phone