CAYMAN ISLANDS VETERINARY BOARD
P. O. Box 459, Cayman Islands, KY1-1106
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CIVeterinaryBoard@gov.ky
CIVB

FORM D
CAYMAN ISLANDS

Regulation 7(1)

The Veterinary Law (1997 Revision)

APPLICATION FOR ENROLLMENT AS AN ANIMAL HEALTH ASSISTANT

Name of Applicant: _____
(Bock Letters) Surname First Names

Address of Applicant: _____

P. O. Box _____ Postal Code: _____

Email: _____ Phone _____

Date of Birth (dd/mm/yy): _____

Place of Birth: _____ Nationality: _____

Name of (intended) place of practice:_____

Qualifications of Applicant: _____
(Photocopy of certified copies of certificates should be attached. Please ensure to follow the accompanying guidelines.)
_____
_____

State countries or institutions in which you have practiced since qualifying:-

Country	Institution	From	To

State the relevant Veterinary Authority or Board under which you are registered or eligible to be registered to practice as an Animal Health Assistant?

_____

Has your registration or entitlement to practice as an Animal Health Assistant in any country ever been suspended?
Yes ☐ No ☐ If yes, on what dates and for what reasons? _____

_____

Names and addresses (inclusive of email) of three character/professional references. Please ensure that the signed character/professional references for these persons are attached.

Name:	Address	Telephone
	Email:	
	Email:	
	Email:	

I hereby apply to be registered as an Animal Health Assistant and declare that I am the person named on the enclosed Certificates and/or Diplomas, and that the above information is true and correct.

I intend to work under the supervision of _____ who is a registered Veterinary Surgeon with Cayman Islands Veterinary Board.

_____ _____20____

Signature of Applicant Date

For Renewals:

1. *The practice should provide a cover letter stating its intent to renew the Registration of the Animal Health Assistant making the application*
2. *Please attach a copy of the last notification of Registration and Certificate*

To be Completed by the Registrar

Approved ☐

Deferred ☐

Refused ☐

Notes

_____

_____

_____

_____

Date of Temp Reg./Recognition/: ____/____/20___

Work Permit/Caymanian Proof Rcvd: ____/____/20___

Registration #: _____

Expiration Date: ___/____/20___

Signature: _____Date: ____/____20____