



The Veterinary Law, 1978 (Law 5 of 1978)

**APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON**

Name of Applicant: \_\_\_\_\_  
(Block 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 a Veterinary Surgeon?

\_\_\_\_\_

Has your registration or entitlement to practice as a veterinary surgeon 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 a Veterinary Surgeon and declare that I am the person named on the enclosed Certificates and/or Diplomas, and that the above information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ 20\_\_\_\_  
Date

**For Renewals:**

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

**To be Completed by the Registrar**

<b>Approved</b> <input type="checkbox"/>	<b>Notes</b> _____ _____ _____ _____	Date of Temp Reg./Recognition/: ____/____/20__
<b>Deferred</b> <input type="checkbox"/>		Work Permit/Caymanian Proof Rcvd: ____/____/20__
<b>Refused</b> <input type="checkbox"/>		Registration #: _____
		Expiration Date: ____/____/20__
		Signature: _____ Date: ____/____ 20__