APPLICATION FOR LICENSE TO PRACTICE AS A VETERINARY PARAPROFESSIONAL

(s. 17(2) & s.27)

The Chief Executive Officer, Kenya Veterinary Board, P. O. Box 513 – 00605, Nairobi.

II	Registration No
Practice name	
Physical address:	
P.O. Box	••••••
Telephone:	
Email:	
Wishing to practice as a Veterinary Parapro	fessional hereby apply for license for my practice
at the premises situated at	in the town of
I propose to offer the following services in	the practice
The practice will operate under the employs	ment/direction/ responsibility (tick whichever is
applicable) of Dr	,
a Veterinary Surgeon Registration No	/License Number in
accordance with the Second Schedule of the	e Act.
Signature of the Vet. Surgeon:	
I submit application fees Ksh	
Date	Signature of applicant