APPLICATION FOR LICENSE TO PRACTICE AS A VETERINARY SURGEON

*(s.21 s.23 & s.26)*

The Chief Executive Officer,

Kenya Veterinary Board,

P. O. Box 513 - 00605,

Nairobi.

I…..................................................................................... KVB Registration No. .....................................

Practice Name ............................................................................................................................................

Physical address …………………………………………………………………………………………

Box ...........................................................................................................................................................

Telephone ………………………………………………………………………………………………..

Email: …………………………………………………………………………………………………….

Wishing to practice as a Veterinary Surgeon hereby apply for a license for my practice at the premise situated at …………………………………………in the town of…………………………………..for the year………………………..

I propose to offer the following services in the practice ………………………………………………….

…………………………………………………………………………………………………………….

…………………………………………………………………………………………………………….

in accordance with Part IV of the Act.

Fees payable pursuant to form 31 (application and practice fees) …………………………………

Date. .................................................... *Signature of applicant. ………..………………………………..*