



THE VETERINARY ACT, 1975
(ACT 18 OF 1975)
THE JAMAICA VETERINARY BOARD

FORM D

APPLICATION FOR ENROLLMENT AS AN ANIMAL HEALTH ASSISTANT

Name of applicant

(Surname first – block capitals)

Address of applicant

E-mail Address of applicant

Date of birth Place of birth.....

Nationality.....

Address of (intended) place of practice.....

Qualifications of applicant.....

.....
.....

Certified copies of certificates or diplomas and a current picture ID should be attached.

Names and address of three character referees

.....
.....
.....

I enclose –

- (a) copies of certificates or diplomas
- (b) a copy of a current picture ID

I intend to work –

(tick appropriate box)

- (a) in the Government Veterinary Services;
- (b) under the supervision of

(insert name of registered veterinary surgeon)

I hereby apply to be enrolled as an Animal Health Assistant and declare that I am the person named in the enclosed certificates or diplomas and on the picture ID and that the above information is true and correct.

.....
Signature of applicant
.....

Date

I enclose –

- (a) copies of certificates or diplomas
- (b) a copy of an official picture ID

A National Veterinary Registration Examination fee, also payable in local currency, of US \$200.00 for CARICOM nationals and US \$1000.00 for non-CARICOM nationals is required prior to sitting the examination. If successful in this examination, an annual registration fee of JA \$2500.00 is required to practice in Jamaica

I hereby apply to be registered as a Veterinary Surgeon and declare that I am the person named in the enclosed certificates or diplomas and on the picture ID and that the above information is true and correct.

.....
Signature of applicant

.....
Date

To be completed by the Registrar

Date registered or application refused

Registration number if registered.....

Reason for refusal, if refused

.....
Signature of Registrar

.....
Date