



**Section III – Affirmation by Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p>	
Signature:	Date:
Print Name:	

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

- 1) Requirements for a Limited-Service Veterinary Medical Practice Clinic Registration**
  - a) All limited-service veterinary medical clinics must have a licensed veterinarian that will be responsible for the management of the clinic.
  - b) Each limited service clinic must be registered with the Florida Department of Business and Professional Regulation by name, address, date of clinic, time and duration **at least 28 days prior** to offering the clinic.
  - c) The registration is valid through May 31 of each year, regardless of when the clinic was operational.
  - d) For more information regarding the minimum standards for limited-service veterinary medical practice please refer to [Chapter 61G18-15 of the Florida Administrative Code](#).
- 2) Application Instructions by section**
  - a) **Section I- Permit Holder Information**
    - i) Provide the name of the limited-service veterinary medical practice permit.
    - ii) Provide the limited-service veterinary medical practice permit number.
  - b) **Section II- Clinic Information**
    - i) Fill out each section completely.
    - ii) Provide the name of the location where the clinic will be operating.
    - iii) Provide the clinic identification number.
    - iv) Provide the dates and hours of operation for the clinic.
  - c) **Section III – Affirmation by Written Declaration**
    - i) The applicant must sign the affirmation by written declaration.