



DOUGLAS A. DUCEY,
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE: 602-364-PET (1738) ♦ FAX: 602-364-1039

VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

**ARIZONA LICENSED VETERINARIAN
HAVING GENERAL OR DIRECT SUPERVISION
OF A CERTIFIED EQUINE DENTAL PRACTITIONER**



I, _____, Arizona License Number _____
Printed Name of Supervising Veterinarian

hereby declare that I am licensed to practice veterinary medicine in the state of Arizona. I understand that this Certified Equine Dental Practitioner shall be under my general or direct supervision as stated in A.R.S. §32-2231 (B)(3). I have read and am familiar with the laws and rules of the Arizona State Veterinary Medical Examining Board relating to an Equine Dental Practitioner and hereby accept full responsibility for the actions of _____.

Printed Name of Certified Equine Dental Practitioner

Signature of Supervising Veterinarian

Date of Signature