

Oklahoma State Board of Veterinary Medical Examiners

201 N.E. 38th Terr, Suite 1
Oklahoma City, OK 73105

RECOMMENDATION

- This form is to be completed by a veterinarian who is personally acquainted with you.
- The certifying veterinarian must hold a current, unmodified license to practice veterinary medicine in the US or Canada.
- This form must be a representation of clinical skills and competence in veterinary medicine.
- This form serves as one (1) of your required three (3) letters of recommendations.
- This form may be copied as necessary.

I, _____ do hereby certify that I am personally
Name of certifying veterinarian - Please type or print
and well-acquainted with the applicant, _____. The
Name of Applicant
following is my recommendation to the Oklahoma State Board of Veterinary Medical Examiners in support of
his/her application for licensure. (give a brief narrative recommendation).

I further certify that I hold a current, unmodified license in the state of _____,
License # _____.

_____/_____/_____
Date Signature

Notary
Seal

Before me, on this _____ day of _____, _____, personally
appeared _____, to me known to be the identical
person who executed the within and foregoing statement. State of
_____, county of _____. My
commission expires ____/____/____.

Notary Public _____ Comm# _____

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