



Racing Commissioner
 Office of Racing Commissioner
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 Lansing, MI 48909
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 www.michigan.gov/horseracing

**Office of Racing Commissioner
 SUPPLEMENTAL VETERINARIAN AND
 VETERINARIAN ASSISTANT LICENSE APPLICATION**

Date	Name	
ORC License No.	MI Vet License No.	Are You Licensed To Practice Veterinary Medicine In Any Other State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state (s)
Type Of Racing (Check all that apply) <input type="checkbox"/> Mixed <input type="checkbox"/> Harness <input type="checkbox"/> Thoroughbred		Tracks Where You Want To Practice (Check all that apply) <input type="checkbox"/> Hazel Park <input type="checkbox"/> Sports Creek <input type="checkbox"/> Northville Downs <input type="checkbox"/> Mt Pleasant <input type="checkbox"/> Pinnacle
Do You Or Any Member(S) of your Household Own Horses In Full Or In Part <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – complete sections 31-34 of the Occupational License Application		Do You or Members of your Household Intend To Race Horses In Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Which Tracks (Check all that apply) <input type="checkbox"/> Hazel Park <input type="checkbox"/> Sports Creek <input type="checkbox"/> Northville Downs <input type="checkbox"/> Mt Pleasant <input type="checkbox"/> Pinnacle
Vehicle Description Year _____ Make _____ Model _____ Color _____ License Plate No. _____		Are There Any Formal Complaints Against You With The Michigan Department Of Community Health? <input type="checkbox"/> Yes <input type="checkbox"/> No Have You Received Any Disciplinary Action? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to either of these questions, give complete details on the reverse side.
I certify that I have read the foregoing application supplement and affirm that every statement contained therein is true and correctly set forth. I do hereby agree that my license may be revoked at any time for misstatements or omissions in the foregoing application supplement. I also agree to obey the rules of the Michigan office of racing commissioner and the state of Michigan statutes.		Applicant's (printed name), Signature And Date
I understand that by holding both a veterinarian's license and an owner's license from the Office of Racing Commissioner, I am NOT to provide veterinary services to any horse, including his/her own, entered in the same race or administer any permitted medications to any horse, including his/her own, entered to race on that day's race card at that race track in Michigan on any day that a horse(s) that I own, or a horse(s) that is owned by any other members of my household is entered to race.		Applicant's (printed name), Signature And Date

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 License No. _____

Steward's Approval _____