



Michigan Gaming Control Board
 Office of the Executive Director
 Horse Racing Section
 3062 W. Grand Blvd., L-700
 Detroit, MI 48202
 Phone: (313) 456-4100
 Fax: (313) 456-2864
 www.michigan.gov/mgcb

SUPPLEMENTAL VETERINARIAN AND VETERINARIAN ASSISTANT LICENSE APPLICATION

Date	Name	
Racing 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 states:
Type of Racing (Check all that apply) <input type="checkbox"/> Mixed <input type="checkbox"/> Thoroughbred <input type="checkbox"/> Harness		Tracks where you want to practice (Check all that apply) <input type="checkbox"/> Hazel Park <input type="checkbox"/> Sports Creek <input type="checkbox"/> Mt. Pleasant <input type="checkbox"/> Northville Downs <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"/> Mt. Pleasant <input type="checkbox"/> Northville Downs <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.
<p>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 Gaming Control Board, Office of the Executive Director and the state of Michigan statutes.</p> <p>Applicant's Name (Printed): _____ Applicant's Signature and Date: _____</p>		
<p>I understand that by holding both a veterinarian's license and an owner's license from the Michigan Gaming Control Board, Office of the Executive Director, 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.</p> <p>Applicant's Name (Printed): _____ Applicant's Signature and Date: _____</p>		

FOR OFFICE USE ONLY

License No. _____

Steward's Approval _____