

## Quarterly Probation Report

**INSTRUCTIONS:** Please type or print neatly. ALL requested information and questions on this form must be answered. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the Declaration. Mail your completed report to the Veterinary Medical Board's Probation Unit at the address above. PLEASE USE THIS FORM AS A MASTER AND MAKE COPIES FOR FUTURE USE. Faxed or emailed reports *will not* be accepted, only reports with an original signature.

### Check Appropriate Box Below for Reporting Period

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> Quarter (January, February, March)    | Postmark date April 5 <sup>th</sup>   |
| <input type="checkbox"/> 2 <sup>nd</sup> Quarter (April, May, June)            | Postmark date July 5 <sup>th</sup>    |
| <input type="checkbox"/> 3 <sup>rd</sup> Quarter (July, August, September)     | Postmark date October 5 <sup>th</sup> |
| <input type="checkbox"/> 4 <sup>th</sup> Quarter (October, November, December) | Postmark date January 5 <sup>th</sup> |

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Case Number</b>		<b>License/Registration Number</b>		<b>Primary Email Address</b>	
<b>Hours Worked</b>		<b>Days Worked</b>		<b>Mobile Phone Number</b>	<b>Home Phone Number</b>
Per Week:		Per Week:			
<b>Mailing Address</b>					
<b>Principle Place of Practice*</b>					
<b>Address of Principle Place of Practice</b>					

\*You must list all practice locations and changes in practice or employment. If you have additional practice locations or employers, you must list this information on an attached sheet of paper.

### COMPLIANCE REPORT

*The questions below refer to the time period since your last completed Quarterly Report. Please provide any supporting documentation as requested in the section below.*

(Check ONE box for each question below)	YES	NO
Have you had any disciplinary action taken by any federal, state, other governmental agency against any professional or vocational license you now hold? <i>If yes, provide an explanation.</i>		
Since the last quarterly report have you been arrested, charged, or convicted of any violation of any federal, state or local laws? <i>If yes, please attach a detailed explanation.</i>		
Have you complied with every term and condition of your probation? <i>If no, provide an explanation.</i>		
Did you cease practicing since your last report? <i>If yes, give the date you ceased practice.</i>		

(Check ONE box for each question below)	YES	NO
Have you maintained a current and valid license/registration? <i>If no, provide an explanation.</i>		
Are you current with your probation monitoring costs? <i>If no, provide an explanation.</i>		

### DECLARATION AND SIGNATURE

I hereby submit this Quarterly Report as required by the Veterinary Medical Board and its Order of probation thereof and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report and any attachments in their entirety and know their contents and that all statements made are true in every respect and I understand and acknowledge that any misstatements, misrepresentations, or omissions of material fact may be cause for further disciplinary action.

Executed on \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
City State

Probationer (print name): \_\_\_\_\_

Probationer's Signature: \_\_\_\_\_