



## Veterinary Assistant Controlled Substances Permit Holder/Licensee Manager Agreement

Date: \_\_\_\_\_

### Permit Holder

Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Work Location: \_\_\_\_\_  
\_\_\_\_\_

### Licensee Manager

Name: \_\_\_\_\_

Work Location: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Premise Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email: \_\_\_\_\_

**The permit holder must cease practicing immediately upon termination of the supervisory relationship with the Licensee Manager and the Licensee Manager must notify the Board, in writing, within 10 days of termination of the supervisory relationship. A Licensee Manager or permit holder who fails to comply with the laws and regulations shall be subject to disciplinary action by the Board.**

**I/we agree to the terms specified sections 2034, 2035, and 2036.5 of Article 4 of Division 20 of Title 16 of the California Code of Regulations (CCR) relating to the supervision of a permit holder and sections 2087, 2087.1, 2087.2, and 2087.3 of Article 11 of Division 20 of Title 16 of the CCR relating to Veterinary Assistant Controlled Substances Permit requirements.**

Signatures:

\_\_\_\_\_  
Permit Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensee Manager

\_\_\_\_\_  
Date