

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. Submit your completed report to the Veterinary Medical Board's Probation Unit via email to your Probation Monitor, or via U.S. mail to the office address above. Please retain a completed copy for your records.

Check Appropriate Box Below for Reporting Period

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

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

*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, attach 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, attach a detailed explanation.</i>		
Have you complied with every term and condition of your probation? <i>If no, provide an explanation.</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: _____