



**Requirements for the Application for a PROVISIONAL License to Practice Veterinary Medicine in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020**

Limited to events organized to provide sterilization, vaccination, education, and preventive care and treatment to animals provided free of charge, Pro Bono, to the general public. Law 194, August 4, 1979, as amended.

1. This application must be dully filled out in full, under oath before a Notary Public. **A certificate issued by the County Clerk as to the authenticity, seal and commission of the Notary Public must be provided.**
2. A copy of your veterinary license or licenses.
3. One passport-type photograph taken not more than six **(6)** months before the date of application.
4. If the applicant is not a US Citizen, a copy of the work permit must be provided.
5. A detailed description of the veterinary services to be provided, subscribed under official seal by the Director of the Event, stating the nature of the services the Applicant is to provide; the dates of the event he/she will participate in; the exact locations where the Applicant will be providing the services.
6. Letter of Good Standing or License Verification issued by the Veterinary Licensing Board **and submitted directly to the Puerto Rico Board of Examiners of Veterinary Medicine.**
7. **ECFVG or PAVE** Certificate if the applicant graduates from a non-Accredited School of Veterinary Medicine
8. Certificate of Penal Record, also known as Good Conduct Certificate, issued by the Police Department. It must be issued within 30 days prior to this application.

**This application, original documents and certifications must be sent to the following address:**

**PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE  
Re: Application for Provisional License to Practice Veterinary Medicine in Puerto Rico  
PO BOX 10200, SAN JUAN, PR 00908-0200**

**Puerto Rico Board of Examiners of Veterinary Medicine**

PO BOX 10200 SAN JUAN, PR 00908-0200

Phone (787) 765-2929 Ext. 6605 EMAIL: [cindy.reyes@salud.pr.gov](mailto:cindy.reyes@salud.pr.gov)