

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Phone: 406-841-2394
Email: dlibsdrvvet@mt.gov Website: www.vet.mt.gov

VETERINARIAN OCCASIONAL CASE EXEMPTION REQUEST

GENERAL INFORMATION

This request for an occasional case exemption for a veterinarian who is not currently licensed in Montana must be completed by:

- the out-of-state veterinarian requesting the exemption; and
- the Montana licensed veterinarian who will be in attendance and will assume continuing care for the veterinary patient(s).

Following review of the request, the applicant and the Montana licensed veterinarian will be notified as to whether or not the applicant qualifies for the exemption.

SUBMISSION OF REQUEST FORM

Send the completed form to the Montana Board of Veterinary Medicine at the mailing address listed at the top of this form.

NOTIFICATION OF REQUEST STATUS

Once the completed form has been received and reviewed, both the out-of-state veterinarian and the Montana licensed veterinarian will be notified whether the exemption has been granted or denied. Email is the board's preferred method of communication.

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APPLICATION FOR VETERINARIAN OCCASIONAL CASE EXEMPTION

Section 1 – This section is to be filled out by the veterinarian applying for the occasional case exemption.

I am not currently licensed in Montana. I am requesting an occasional case exemption under [37-18-104\(1\)\(c\)](#), MCA, and [ARM 24.225.502](#).

1. FULL NAME: _____
First Middle Last
2. OTHER NAME(S) KNOWN BY: _____
3. MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____
Business Home Cell
6. List all active veterinary licenses you currently hold. Verification must be sent directly to Montana from each state or jurisdiction.

State	Other Jurisdiction	License Number	Requested State Verification	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

7. Per ARM 24.225.502(1)(a), describe the date, place, and scope of practice and/or procedures you would be performing under this occasional case exemption.

 Legal Signature of Applicant _____
Date

Section 2 – This section is to be filled out by the Montana licensed veterinarian who will be in attendance and will assume continuing care for the veterinary patient.

1. FULL NAME: _____
First Middle Last
2. OTHER NAME(S) KNOWN BY: _____
3. MAILING ADDRESS: _____

4. EMAIL ADDRESS: _____

5. TELEPHONE: _____
Business Home Cell

6. License Number: _____

I am a licensed Montana veterinarian who will be in attendance for this occasional case exemption and will assume continuing care for the veterinary patient(s) as per [ARM 24.225.502](#).

Legal Signature of Montana Licensed Veterinarian

Date