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email the completed document to:

**American Association of Bovine Practitioners**

Email = [fred@aabp.org](mailto:fred@aabp.org)

Fax = 419-496-0697

I certify that the information given in this application is true and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the application.

By signing this document, I am giving consent for the American Association of Bovine Practitioners to contact my college of veterinary medicine for validation of the GPA and class rank that I have reported in this application. I am consenting for the college of veterinary medicine to release this information to the American Association of Bovine Practitioners upon request.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS

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