

### Certificate of Moral Character

This certifies that we have been professionally acquainted with \_\_\_\_\_ (name) of \_\_\_\_\_ for a period of not less than five (5) years; that s/he is not addicted to the intemperate use of alcohol or narcotic drugs; that we know him/her to be of good moral character and hereby recommend him/her as being worthy to be licensed to practice in the District of Columbia, pursuant to law.

1. \_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Address Phone Number

2. \_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Address Phone Number

3. \_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Address Phone Number

Return this form to:  
HRLA1-Board of Veterinary Medicine  
P.O. Box 37801  
Washington, D.C. 20013