GEORGIA STATE BOARD OF VETERINARY MEDICINE
3920 ARKWRIGHT RD., SUITE 195, MACON, GA 31210
(404) 424-9966
https://sos.ga.gov/georgia-state-board-veterinary-medicine

VETERINARIAN AFFIDAVIT OF INTENT TO PRACTICE VETERINARY TELEMEDICINE

I, _____, am the holder of Georgia license number _____, issued by the Georgia State Board of Veterinary Medicine (hereafter "Board"), and I hereby attest to the following (**You must check all statements and fill in all blanks in order to submit this form.**):

- ☐ My license(s) to practice veterinary medicine is(are) in good standing in the State of Georgia and any other state, territory, or jurisdiction.
- ☐ I primarily practice in-person visits with clients and animals in the State of Georgia at the following location. For the purposes of this affidavit, "primarily" is measured as practicing veterinary medicine at a location in the State of Georgia. Please list at least one location.

Name of Facility/Practice	
Street Address	
City, State and Zip Code	

- ☐ I understand that I must have an existing veterinarian-client-patient relationship with any client, an animal patient, unless otherwise authorized by law.
- ☐ I understand that the animal patient must reside within the state at the time that I exercise the use of telemedicine in the provision of care.
- ☐ I understand that I must practice veterinary telemedicine in a manner consistent with my scope of practice, all federal and state laws, and prevailing professional standards of practice for a veterinarian who provides in-person veterinary services in this state and employs sound, professional judgment to determine whether using veterinary telemedicine is an appropriate method for delivering medical advice or treatment to the animal patient.
- ☐ I understand that I must develop a written *Informed Consent for Veterinary Telemedicine* document which is consistent with the requirements outlined in statute to provide to each client for whom telemedicine is provided; and have attached a copy herewith for review by the Board.
- ☐ I understand that any prescription, administration, or dispensing of prescription drugs shall be in accordance with all federal and state laws and rules.
- ☐ I understand that any veterinary technician practicing under my supervision may not practice telemedicine but may practice teletriage and teleadvice in accordance with O.C.G.A. §§ 43-50-121 and 43-50-122.
- ☐ I understand that I may not engage in the practice of telemedicine until I receive written approval from the Board; and I may be subject to disciplinary action if any violation is substantiated.

Printed Name of Licensee: _____

Signature of Licensee: _____ Date: _____

Personally appeared before me, the undersigned official authorized to administer oaths, came the Licensee named above who deposes and swears that he/she is the person who executive this Affidavit of Intent to Practice Telemedicine in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this
____ day of _____, 20_____.

_____
(Notary Public)
My Commission Expires: _____

Submit in a PDF format to PLB-Healthcare2@sos.ga.gov