



Attach three (3)
passport
photographs

Renewal of License and/or Retention as a Veterinary Surgeon Under the Veterinary Practitioners' Act, 2024

The Secretary
Uganda Veterinary Council
P.O. Box 16291, Wandegaya, Kampala

Applicant Name:

Nationality: Date of Birth:

Phone:

Permanent Address: District.....

Current Address : UVB Registration No.....

Email:

Postal Address (P.O. Box No.).....

National ID (NIN)

Tax Identification Number (TIN): or Passport Number:.....

Business/Work Name

Business Physical Address..... District

Business Postal Address

Business Phone:

Business Email:

Tick as appropriate: Public sector Private Sector

I hereby make application for renewal of license and / or retention as a Veterinary Surgeon in Uganda and forth herewith forward the necessary fee (delete as appropriate);

Academic Qualification(s)

.....

Year of Qualification: Year of Entry (Enrollment) Year of Completion

Institution qualified from:

.....

Address of the Institution:

Institution Physical Address

Institution Postal Address

Institution District

Institution Email:

Date

Applicant Signature

I accept my registration information to be used on the UVC Website.

THE VETERINARY SURGEON'S OATH
SOLEMN OATH FOR VETERINARY SURGEONS

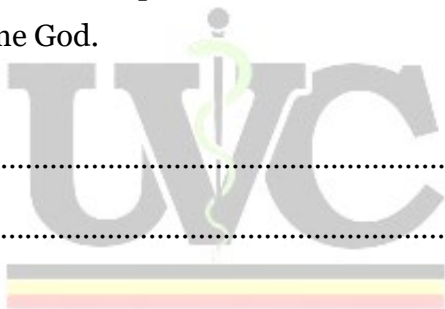
(To be declared on admission to the membership of the veterinary profession)

I..... in as much as the privilege of membership of the veterinary profession is about to be conferred upon me, solemnly swear/affirm that I shall abide in all due loyalty to the veterinary profession and will do all in my power to maintain and promote the interests of the veterinary profession. I shall promote animal health and welfare, prevent, and relieve animal suffering, the conservation of animal resources, protect the health of the public and the environment, and advance comparative medical knowledge. I shall practice my profession conscientiously, with dignity and in keeping with the principles of veterinary medical ethics. I accept the obligation to the continual improvement of my professional knowledge and competence. All this I solemnly promise to do.

So, help me God.

Name: Signature:

Date:



UGANDA
VETERINARY
COUNCIL

.....

Chief Executive Officer
Uganda Veterinary Council

For Office Use

Registration Date:

Registration Certificate Number: