



AAVMC Conflicts of Interest Acknowledgment and Disclosure Form

I have read the Conflict of Interest Policy set forth by the AAVMC and agree to comply fully with its terms and conditions at all times during my service as an officer, director, volunteer, or employee of the AAVMC. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the AAVMC Executive Director in writing who in turn will promptly notify the AAVMC Executive Committee in writing.

Disclosure of Actual or Potential Conflicts of Interest:

Signature: _____

Printed: _____

Date: _____

Adopted 10/30/09 by the AAVMC Board of Directors