

BOARD OF VETERINARY MEDICINE

APPLICATION FOR REGISTRATION OF A VETERINARY ESTABLISHMENT AND CHANGES/UPDATES TO A REGISTERED ESTABLISHMENT

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE PROCEEDING

- **Laws and Regulations:** Application requires an attestation to having read the applicable [laws and regulations](#).
- **Inspection:** An inspection is required prior to practicing in a new, change of service upgrade, change of location or renovation of a surgical suite. Date of the anticipated opening of the veterinary establishment must be recorded on the application. The inspector will make every effort to schedule the inspection as close to the requested inspection date as possible. At time of inspection, the veterinary establishment must be in compliance with all applicable standards set forth in the Board's regulations. If a second inspection is required, a re-inspection fee may be assessed. Guidance Document [76-21.2.1, Veterinary Establishment Inspection Report](#) provides a description of the inspection requirements.
- **Veterinarian-In-Charge:** A Veterinarian-in-Charge (VIC) who holds an active Virginia license must be identified and the "Veterinarian-in-Charge" section of the application must be completed.
- **Application processing and fee:** Submit the required application and fee of \$300.00 by postal mail at least 45 days prior to anticipated opening date; make check or money order, made payable to "Treasurer of Virginia." For issues related to the application, send email to vetbd@dhp.virginia.gov. An incomplete application and failure to select the appropriate boxes will delay processing. **All fees are nonrefundable.** Email confirmation of receipt of application are typically sent within 21 business days and when veterinary establishment registration is issued. (**Note:** Veterinary establishments are not registered until they receive notification from the Board that the registration has been issued. An application in process or completed inspection is not sufficient to operate.)
- **Application payment receipt:** A receipt may be requested by email to vetbd@dhp.virginia.gov.
- **Registration expiration date:** Registrations issued prior to July 1 expire on December 31 of the current year. Registrations issued on or after July 1 expire December 31 of the following year.
- **Board Communication:** The Board's method of communication to applicants is via email.



Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804) 527-4471
Website: <https://www.dhp.virginia.gov/Boards/VetMed/>

VETERINARY ESTABLISHMENT REGISTRATION FORM

NEW or **CHANGE**

Name of Veterinary Establishment:		Registration No. (if applicable):	Anticipated Inspection Date:
Address of Veterinary Establishment:		City:	State: Zip Code:
Email to Receive Board Communication <input type="checkbox"/> Public or <input type="checkbox"/> Private	Website (if available)	Veterinary Establishment Phone Number:	
Name of Veterinarian-in-Charge (VIC)	VIC's Email <input type="checkbox"/> Public or <input type="checkbox"/> Private	VIC's Phone # <input type="checkbox"/> Public or <input type="checkbox"/> Private	
VIC's License Number:		<input type="checkbox"/> Cell <input type="checkbox"/> Other	
<input type="checkbox"/> New, STATIONARY OPEN 24 Hours: Pursuant to 18VAC150-20-200(A) & (B)(1) establishment must be open 24 hours and encompasses all aspects of health care for small and/or large animals; on site lab, radiology and surgical services; equipped to handle emergency critical care and hospitalization; and licensed personnel on premises at all times. Inspection and fee of \$300.00 required.			
<input type="checkbox"/> Small Animal Only <input type="checkbox"/> Large Animal Only <input type="checkbox"/> Mixed <input type="checkbox"/> Laboratory services on site <input type="checkbox"/> Radiology/Imaging on site <input type="checkbox"/> Hospitalization <input type="checkbox"/> Licensed personnel on premises at all times			
Does the establishment operate mobile unit(s) from which veterinary services are provided (i.e. RV unit)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, how many units? _____ How many mobile units have surgery suites? _____			

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	Date Received	Inspection Date	Registration Number



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New, STATIONARY OPEN LESS THAN 24 HOURS: Pursuant to [18VAC150-20-200\(A\) & \(B\)\(2\)](#) establishment open less than 24 hours must encompass all aspects of health care for small and/or large animals; on site surgical services; and licensed personnel are available during advertised hours of operation. **Inspection and fee of \$300.00 required.**

Small Animal Only Large Animal Only Mixed

Licensed personnel available during advertised hours of operation

Laboratory services: In-house or Outside services

Radiology/Imaging: In-house or Outside services

Hospitalization: Yes or No

Does the establishment operate mobile unit (s) from which veterinary services are provided (i.e. RV unit)? Yes No. If yes, how many units? _____

How many mobile units have surgery suites? _____

New, LIMITED STATIONARY: Pursuant to [18VAC150-20-200\(A\) & \(C\)](#) establishment scope of practice is less than full service. **Inspection and fee of \$300.00 required.**

Small Animal Only Large Animal Only Mixed

Licensed personnel available during advertised hours of operation

Laboratory services: In-house or Outside services

Radiology/Imaging: In-house or Outside services

Hospitalization: Yes or No

Describe all limited services provided (i.e. general surgery, spay/neuter clinic; orthopedics; cardiology; dentistry; endocrinology; ophthalmology; dermatology; oncology, chiropractic; acupuncture; wellness/vaccine clinics; behavior modification; and/or physical therapy or rehabilitation):

Does the establishment operate mobile unit(s) from which veterinary services are provided (i.e. RV unit)? Yes No. If yes, how many units? _____

How many mobile units have surgery suites? _____

New, AMBULATORY AGRICULTURAL or EQUINE: Pursuant to [18VAC150-20-201\(A\)](#) establishment is an ambulatory practice in which health care is performed at the location of the animal. **Inspection and fee of \$300.00 required.**

Agricultural Only Equine Only Agricultural/Equine Mixed



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New, AMBULATORY HOUSE CALL AND PROCEDURALIST: Pursuant to [18VAC150-20-201\(B\)](#) establishment is an ambulatory practice in which health care of small animals is performed at the residence or owner or another establishment registered by the Board. Inspection and fee of \$300.00 required.

Is surgery a service provided (pursuant to [18VAC150-20-201\(B\)\(1\)](#) surgery may only be performed in an inspected surgical suite)? Yes No

For Proceduralists, describe all services provided (i.e. euthanasia; hospice; dentistry; chiropractic; acupuncture; wellness/vaccinations; behavior modification; and/or physical therapy or rehabilitation):

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.....

New, AMBULATORY MOBILE SERVICE: Pursuant to [18VAC150-20-201\(C\)](#) establishment is a veterinary clinic or hospital that can be moved from one location to another and from which veterinary services are provided. Inspection and fee of \$300.00 required.

How many units will be operated under this establishment registration? _____

How many mobile units have surgery suites? _____

Laboratory services: In-house or Outside services

Radiology/Imaging: In-house or Outside services

Hospitalization: Yes or No

CHANGE TO CURRENT SURGICAL SUITE: Pursuant to [18VAC150-20-180\(A\)\(3\)](#), a reinspection is required for any addition or renovation of a stationary or ambulatory establishment that involves changes to the structure or composition of a surgery room; and pursuant to [18VAC150-20-201\(B\)\(1\)](#), surgery may only be performed in an inspected surgical suite. Inspection and fee of \$300.00 required.

Adding a surgical suite(s)

Renovation of surgical suite(s)

CHANGE of LOCATION: Inspection and fee of \$300.00 required. Ambulatory mobile establishments are allowed change of location without an inspection, but change of address notification is required.

CHANGE OF NAME OF VETERINARY ESTABLISHMENT: No Inspection or fee.

Does this establishment replace one currently registered by the Board? If yes, what is the name and registration number?

YES

NO



Virginia Department of
Health Professions
Board of Veterinary Medicine

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ATTESTATION OF VETERINARIAN-IN-CHARGE:

I _____ agree to serve as the Veterinarian-in-Charge at the establishment name herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations Governing the Practice of Veterinary Medicine (18VA150-20-10 et seq.) of the Virginia Board of Veterinary Medicine. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Veterinarian-in-Charge and agree to perform those duties.

Print Name of Veterinarian-in-Charge

Signature of Veterinarian-in-Charge

Date