

## VETERINARY ESTABLISHMENT CLOSURE FORM

Name of Veterinary Establishment:		Registration Number:	
Address of Veterinary Establishment:		City:	State:
Name of Veterinarian in Charge (VIC):		VIC's Email Address: <input type="checkbox"/> Public <input type="checkbox"/> Private	
VIC's License Number:		VIC's Phone Number: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Cell	

**Expected Closing Date (10 day notice required):**

**Regulation [18VAC150-20-181](#), Requirements for Veterinarian-in-charge**

*A. The veterinarian-in-charge of a veterinary establishment is responsible for:*

- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.*
- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.*

*C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:*

- 1. Follow the requirements for transfer of patient records to another location in accordance with [§ 54.1-2405](#) of the Code of Virginia; and*
- 2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.*

[Regulations Governing the Practice of Veterinary Medicine](#)

**Location of Records:**

**Disposition of Scheduled Drugs:**

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

**Staff Data Entry:**