

CHANGE OF VETERINARIAN-IN-CHARGE INCOMING

Name of Veterinary Establishment	Establishment Phone #	Registration #	
Address of Veterinary Establishment	City	State	Zip Code
Email to Receive Board Correspondence*	Incoming VIC's Phone #		
Incoming Veterinarian-in-Charge (VIC) Name	Incoming VIC's License #		

ATTESTATION OF VETERINARIAN-IN-CHARGE:

I, _____, agree to serve as the Veterinarian-in-Charge at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the *Regulations Governing the Practice of Veterinary Medicine (18VAC150-20-10 et seq.)* of the Virginia Board of Veterinary Medicine as of the effective date of association listed below. By signing my name below, I acknowledge that I have read and understand the requirements and responsibilities of the Veterinarian-in-Charge as specified under subsection [18VAC150-20-181](#) of the Regulations.

Effective date of association (REQUIRED): _____
Month/Day/Year

Signature of Incoming Veterinarian-in-Charge

Date

**A fee of \$40.00 is required for a change of veterinarian-in-charge.
If paying by check or money order, make payable to the "Treasurer of Virginia".**

All fees are non-refundable

*Please note that the Veterinarian-in-Charge is responsible for communicating with the Board on behalf of the establishment.

Office Use Only

APPLICANT #	Fee	Receipt #	Date Received	Registration #