

CHANGE OF VETERINARIAN-IN-CHARGE OUTGOING

Name of Veterinary Establishment	Establishment Phone #	Registration #	
Address of Veterinary Establishment	City	State	Zip Code
Outgoing Veterinarian-in-Charge (VIC) Name	Outgoing VIC's License #		
Outgoing VIC's Email Address	Outgoing VIC's Phone #		

ATTESTATION

I _____ understand that, as the disassociating Veterinarian-in-Charge, I am responsible for the establishment and the stock of controlled substances until a new Veterinarian-in-Charge is registered or for five days from the date of disassociation, whichever occurs sooner, pursuant to 18 VAC 150-20-181 of the Regulations Governing the Practice of Veterinary Medicine. I understand that my disassociation does not release my responsibility for any stock of controlled substances obtained as the Drug Enforcement Administration stocking registrant.

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

Signature of Outgoing Veterinarian-in-Charge

Date

Office Use Only				
Date Received				