



Virginia Department of
Health Professions
Board of Veterinary Medicine

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

Email: vetbed@dhp.virginia.gov
Phone: (804) 597-4133
Fax: (804)-767-1011
Website: <https://www.dhp.virginia.gov/Boards/VetMed/>


APPLICATION FOR VETERINARY ESTABLISHMENT REGISTRATION

Check appropriate box(es) to indicate application type - Application sections indicated for each request must be completed in their entirety.	Fee
<input type="checkbox"/> New Establishment – <i>inspection required</i> <i>Sections A, D, F, & G</i>	\$300.00
<input type="checkbox"/> Surgery Room Remodel/Change – <i>inspection required</i> <i>Sections A, F, & G</i>	\$300.00
<input type="checkbox"/> Change of Location	
<input type="checkbox"/> Stationary Establishment – <i>inspection required</i> <i>Sections A, C, F, & G</i>	\$300.00
<input type="checkbox"/> Ambulatory/Mobile Establishment – <i>no inspection required</i> <i>Sections A, C, & G</i>	No Fee
<input type="checkbox"/> Establishment Name/Contact Information Change <i>Sections A, B, & G</i>	No Fee
<input type="checkbox"/> Change of Category <i>Sections A, D, & G</i>	No Fee

SECTION A – ALL APPLICANTS – <i>Provide current information if a registration is held.</i>	
Name of Establishment	Registration Number (if a current registration is held)
Address of Establishment*	
City, State, Zip Code	Federal Employee Identification Number (FEIN)
Establishment Phone Number	Email to Receive Board Correspondence**
Name of Veterinarian-in-Charge (VIC)	VIC License Number

*Virginia Code § 54.1-2400.2 requires that the street address of facilities regulated by the Board of Veterinary Medicine be posted on the Department of Health Professions' License Lookup. Please contact the Board if you have questions regarding your establishment's address of record.

**Please note that the Board must communicate with the registered veterinarian-in-charge regarding all establishment matters.

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SECTION E – SERVICES PROVIDED	
<p>For limited stationary establishments and proceduralists, please describe all limited services or procedures provided (i.e., general surgery, spay/neuter clinic, orthopedics, cardiology, dentistry, endocrinology, ophthalmology, dermatology, oncology, chiropractic, acupuncture, wellness/vaccine clinics, behavior modification, physical therapy, rehabilitation, euthanasia, hospice):</p>	

SECTION F – INSPECTION	
<p>Contact Information to Schedule Inspection – email or phone preferred</p>	
Expected Opening, Moving, or Remodel Completion Date	Requested Inspection Date
<p>Please allow 45 days from the submission of the application for scheduling an inspection. Inspections are required for new establishments, surgery room remodels, and changes of location <u>prior</u> to use of the establishment or surgery room. An inspector will contact the establishment using the contact information above to schedule the inspection.</p>	

SECTION G – ATTESTATION OF VETERINARIAN-IN-CHARGE	
<p>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 <i>Regulations Governing the Practice of Veterinary Medicine</i> (18VAC150-20-10 et seq.) of the Virginia Board of Veterinary Medicine as of the effective date of association listed above. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Veterinarian-in-Charge.</p>	
<p>Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.</p>	
<p>_____ Signature of Veterinarian-in-Charge</p>	<p>_____ Date</p>