

# North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh NC 27606

Phone: (919) 854-5601 Fax: (919) 854-5606

## PROPOSED VETERINARY PRACTICE FACILITY NAME

**NOTE: Starting a Corporation is a separate process and requires NCVMB Part-I paperwork**

**1.) Please provide information about the veterinarian applying for name approval, this person will be the point of contact for this name request.**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**2.) Please provide information about the proposed veterinary practice facility.**

**Choose one:**

New Practice

Requested date of inspection: \_\_\_\_\_

New facilities must have a Certificate of Occupancy before the Board inspection can take place

Current practice requesting **name change only**

Change of Ownership

Change of Ownership applications should be submitted with a "Notification of Sale" form.

Inspections will be unannounced and occur within 3 months of ownership transfer.

**3.) Print names of ALL owners for this proposed veterinary practice facility.**

*As stated in Administrative Code .0201, only a North Carolina licensed veterinarian can own and operate a veterinary practice facility and deliver services to the public.*

\_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_ License # \_\_\_\_\_

**4.) Choice of veterinary practice facility names must contain a descriptive term for level of services being provided, as stated in G.S. 90-181.1.**

**Proposed Name(s):**

Current Name: \_\_\_\_\_

requesting current name be reapproved for use under new ownership

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**5.) Description of services facility will be providing:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6.) Check ALL that apply:**  Small Animal  Mixed Animal  Large Animal  Exotic

**7.) Check ALL that apply: FIXED LOCATION**

- Office
- Clinic
- Hospital
- Animal Medical Center
- Emergency Facility
- On-call Emergency
- Facility Includes Mobile** - check if this applies

**MOBILE**

- Car/SUV
- Pickup Truck
- RV

**8.) Location of veterinary practice facility - Provide as much information as possible**

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_

**9.) Will this facility provide emergency services?**       Yes       No\*

**10.) Will this facility provide radiology services?**       Yes       No\*

**11.) Will this facility provide hospitalization services?**       Yes       No\*

*\*If you answered "No" to questions above, you will be required to have written agreements for services not provided. A copy of those agreements will be required during the inspection process.*

**12.) Is there a Professional Corporation associated with the Practice?**

Yes       No       Pending Board Approval

**13.) Name of the Professional Entity/Corporation**

\_\_\_\_\_

**This form must be signed**

I understand the instructions and terms as set forth in this application form, which I have personally completed, and that the information given is true, correct, and complete to the best of my knowledge. I authorize North Carolina Veterinary Medical Board to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the North Carolina Veterinary Medical Board. I further understand that only a North Carolina licensed veterinarian may provide veterinary services to the public of North Carolina, and cannot by law practice Veterinary Medicine from this practice until such time that it has been inspected by the North Carolina Veterinary Medical Board.

\_\_\_\_\_

Signature of Veterinarian – Please do not print

\_\_\_\_\_

Date