

North Carolina Veterinary Medical Board

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

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

VETERINARY PRACTICE FACILITY FORM

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 request.

Name: _____ License #: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Number: _____

Email: _____ Fax Number: _____

2.) Requested Date of Inspection: (4 – 6 week notice is preferred.)

Requested date of inspection: _____

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

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):

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 with Mobile Unit

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

Print Name

Date