

# North Carolina Veterinary Medical Board

## PROPOSED VETERINARY PRACTICE FACILITY NAME

Mail to:

P. O. Box 37549, Raleigh NC 27627

(919) 854-5601

**Please Print Clearly**

### Choice of Veterinary Practice Facility Names:

Name must contain a descriptive term for level of services being provided as stated in G.S. 90-181.1.

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

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

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

Description of services practice will be providing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

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

Street Name

City

Zip

County

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

### Location of Proposed Veterinary Practice Facility:

Provide as much information as possible.

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

(If Known)

Street Name

City

Zip

County

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

(If Known)

Street Name

City

Zip

County

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

Approximate Date To Open: \_\_\_\_\_

**Please note:** Please provide four weeks lead time for inspection being request. New facilities must have Certificate of Occupancy before Board inspection takes place.

# NCVMB

**Name of all owners for this purposed veterinary practice facility:**

\_\_\_\_\_ License Number \_\_\_\_\_  
\_\_\_\_\_ License Number \_\_\_\_\_  
\_\_\_\_\_ License Number \_\_\_\_\_

Will this facility be providing Emergency services? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Practice Facility(s) who will provide this service \_\_\_\_\_

Will this facility be Providing Radiology Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Practice Facility(s) who will provide this service \_\_\_\_\_

Will this facility be Providing Hospitalization Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Practice Facility(s) who will provide this service \_\_\_\_\_

If not, you will be required to have all written agreements for any services not provided. A copy of those agreements will be required during the inspection process.

Is there a Professional Corporation associated with this Veterinary Practice Facility? Yes ( ) No ( )

Name of the Professional Corporation: \_\_\_\_\_

**This Form Must Be Notarized**

I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given is true, correct, and complete to the best of my knowledge. I hereby authorize the North Carolina Veterinary Medical Board to verify any and all information contained in this application, including information maintained in veterinary licensing board data banks, and to transmit this information to the North Carolina Veterinary Medical Board. 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 (Do not print)

Sworn to and subscribed before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

