

North Carolina Veterinary Medical Board

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

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

Practice Facility - Change of Ownership

1.) Please provide information about the new proposed owner applying for the change in ownership. This person will be the point of contact for this request.

Name: _____ License #: _____

Mailing Address: _____

Telephone Number: _____ Cell Number: _____

Email: _____

Change of Ownership:

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

2.) Print names of ALL owners for the 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 # _____

_____ License # _____

3.) 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 Facility Name(s):

Current Name: _____

_____ requesting current name be reapproved for use under new ownership

First Choice: _____

Second Choice: _____

Third Choice: _____

4.) Description of services facility will be providing:

5.) Check ALL that apply: Small Animal Mixed Animal

Large Animal Exotic

6.) 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

7.) Location of veterinary practice facility -

Mailing Address: _____

Physical Address: _____

_____ County: _____

Telephone Number: _____ Fax Number: _____

Website: _____

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

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

10.) 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.*

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

Yes No Pending Board Approval

12.) 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

Notification of Sale of Veterinary Practice Facility

This serves to notify the North Carolina Veterinary Medical of a change in ownership of a veterinary practice facility. **PLEASE NOTE: Sale of Corporation is a separate process and requires the NCVMB Articles of Amendment and Secretary of State filing.**

This document states the intent or sale of "Seller(s)" to sell and "Buyer(s)" to buy "Practice." The undersigned parties of "Seller(s)" and "Buyer(s)" agree that the transfer of ownership of "Practice" shall/did take place on this ____ day of ____ in the year _____. Both parties understand that the transfer of the ownership of "Practice" includes the transfer of all rights and responsibilities affiliated with "Practice." A veterinary practice facility inspection is required. It is the buyer's responsibility to make sure the inspection takes place before operating the practice.

Please indicate below if you, the seller(s), will be staying at the practice as an employee or leaving.

PRACTICE

Name: _____ City: _____

If there is a corporation that is also being sold provide name: _____

SELLER(S)

Printed Name: _____ **License Number:** _____

Signature: _____ **Staying** ____ **Leaving** ____

Printed Name: _____ **License Number:** _____

Signature: _____ **Staying** ____ **Leaving** ____

Printed Name: _____ **License Number:** _____

Signature: _____ **Staying** ____ **Leaving** ____

BUYER(S)

Printed Name: _____ **License Number:** _____

Signature: _____

Printed Name: _____ **License Number:** _____

Signature: _____

Printed Name: _____ **License Number:** _____

Signature: _____