

**West Virginia Board of Veterinary Medicine**  
**Veterinary Facility Annual Registration**  
**Fiscal Year 2010 (July 1, 2009 - June 30, 2010)**



All veterinary facilities in West Virginia must be registered with the West Virginia Board of Veterinary Medicine, and must submit annual registration and dues for such premise.

**Fee for each veterinary facility is \$50.00, (\$62.50, if received by the Board after June 30, 2009) payable to the West Virginia Board of Veterinary Medicine. New facilities pay current amount unless filing after opening date of facility.**

This facility permit is for the fiscal year period of **July 1, 2009 through June 30, 2010**

If facility is not in compliance with the requirement that facility be registered, veterinary license renewal will be denied to veterinarian(s) in charge or veterinarian shareholders, if incorporated

Type or print legibly. All questions on pages 1 and 2 must be answered or registration will not be processed.

1. Facility Name: \_\_\_\_\_

2. If facility closed, date of closure: \_\_\_\_\_

3. West Virginia County in which this veterinary facility is located: \_\_\_\_\_

4. Type of veterinary facility (check one):

Veterinary Care Facility     Mobile Facility     Emergency Facility

Secondary Outpatient Facility

5. Physical address of veterinary facility: \_\_\_\_\_

6. Mailing address of veterinary facility: \_\_\_\_\_

7. Owner(s) or operator(s) of this veterinary facility: \_\_\_\_\_

8. Phone number of this veterinary facility : \_\_\_\_\_

9. Hours of operation of this veterinary facility: \_\_\_\_\_

10. Approximate date of establishment of this veterinary facility: \_\_\_\_\_

11. Is the veterinarian operating this facility the facility owner? \_\_\_\_\_

12. Is this veterinary facility incorporated? \_\_\_\_\_

(complete on reverse side)

13. If the answer to 12 is YES, is corporation current on veterinary corporation dues payable to the West Virginia Board of Veterinary Medicine, with annual corporation certificate on file in your veterinary facility? \_\_\_\_\_

14. Primary operation of this facility

Small animal

Large animal (Specialty species, if applicable, e.g., equine, bovine) \_\_\_\_\_

Mixed

Other If other, specify research, teaching institution, gov't, etc. \_\_\_\_\_

15. Number of veterinarians at this veterinary facility, either full or part time. \_\_\_\_\_

16. Name(s) of veterinarians employed at this facility: (use separate page, if necessary)

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

17. Does facility employ any Registered Veterinary Technicians, either full or part time? \_\_\_\_\_

18. Name(s) of RVT's employed at this facility:

\_\_\_\_\_

19. Enclose a check or money order payable to the West Virginia Board of Veterinary Medicine, in the amount of \$50.00, if received by the Board no later than June 30, 2009. If received by the Board after June 30, 2009, amount due is \$62.50 (unless this is a new facility establishing after June 30, 2009 and registration is filed in the Board office prior to its beginning operation).

20. Are there other veterinary facilities in WV under the same ownership? \_\_\_\_\_

21. If YES to 20, specify other facilities name(s) and

address(es). \_\_\_\_\_

\_\_\_\_\_

**I swear by my signature below that all questions on this Veterinary Facility Annual Registration form have been answered completely and honestly**

22. Signature of veterinarian in charge. \_\_\_\_\_ Date: \_\_\_\_\_

23. Print name of signature authority listed on line 22. \_\_\_\_\_

(Do not write below this line)

**Return Completed Form and Payment To:**

***WV Board of Veterinary Medicine  
5509 Big Tyler Road, Suite #3, Cross Lanes, WV 25313***

***Posted by Board*** \_\_\_\_\_