

West Virginia Board of Veterinary Medicine
Veterinary Facility Annual Registration
Fiscal Year 2011 (July 1, 2010 - June 30, 2011)



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, 2010) 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, 2010 through June 30, 2011**

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 is closed, date of closure: _____

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

4. Type of veterinary facility (**check only 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 (including area code): _____

9. Facility fax number (including area code): _____

10. Facility email address: _____

11. Hours of operation of this veterinary facility: _____

12. Approximate date of establishment of this veterinary facility: _____

13. Is the veterinarian operating this facility the facility owner? _____

(complete on reverse side)

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, 2010. If received by the Board after June 30, 2010, amount due is \$62.50 (unless this is a new facility establishing after June 30, 2010 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 _____