

West Virginia Board of Veterinary Medicine

Veterinary Facility Annual Registration



Fiscal Year 2012 (July 1, 2011 - June 30, 2012)

The fee for each veterinary facility is \$100.00 if current. The fee is \$125.00 (delinquent) if received by the Board after June 30, 2011. Check/money order is payable to the West Virginia Board of Veterinary Medicine.

If this is a new facility, check here [] Is the facility registering prior to opening for business? [] Yes [] No
New facilities shall pay the current amount of \$100.00 if registering prior to opening and \$125.00 if registering after opening.

*** If any veterinary facility is not in compliance with the requirement that the facility be registered annually, the annual veterinary license renewal will be denied to the veterinarian(s) in charge at this facility.***

Type or print legibly. All questions on pages 1 and 2 must be answered or this 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/are the veterinarian(s) operating this facility the facility owner(s)? _____

(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 \$100.00, if received by the Board no later than June 30, 2011. If received by the Board after June 30, 2011, the amount due is \$125.00.

20. The fee for a new facility established after June 30, 2011 whose registration is filed in the Board office prior to beginning operation is \$100.00. If the registration is received after the facility opens for business, the registration fee is \$125.00.

21. Are there other veterinary facilities in WV under the same ownership? _____

22. 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:

Posted by Board _____

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