



WEST VIRGINIA BOARD OF VETERINARY MEDICINE
 5509 Big Tyler Road, Suite 3, Cross Lanes, WV 25313
 Phone: 304-776-8032 Fax: 304-776-8256

Veterinary Facility Registration/Renewal

Facility Registration Renewal Fee

- \$100 If received by 6/30
- \$125 If received after 6/30

New Facility Registration Fee

- \$100 If registering prior to opening
- \$125 If registering after opening

FACILITY		Approximate date established:			If facility is closed, date of closure:			
Facility Name				Email Address				
Physical Address Line 1			Physical Address Line 2		City		County	
State	Zip Code	Phone		Fax		Website		
Mailing Address Line 1			Mailing Address Line 2		City		State	Zip Code

TYPE OF PRACTICE			
<input type="checkbox"/> Stationary (a fixed, non-moveable structure) Do you also provide ambulatory services? If yes, how many ambulatory vehicles?	<input type="checkbox"/> Emergency (a facility that provides after hours or 24-hour emergency care)	<input type="checkbox"/> Mobile (a facility that may be transported or moved from one location to another. With this type of practice, the patient is examined in the mobile unit)	<input type="checkbox"/> Ambulatory (provides a professional visit to the location of a patient or client and includes house calls and farms calls) How many ambulatory vehicles?

TYPE OF SERVICES PERFORMED			
<input type="checkbox"/> Radiology	<input type="checkbox"/> Surgery	<input type="checkbox"/> Dental	<input type="checkbox"/> Anesthesia

PRIMARY OPERATION OF THIS FACILITY			
<input type="checkbox"/> Small Animal	<input type="checkbox"/> Large Animal	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other
Specialty Species, if applicable (e.g. equine, bovine):			

FACILITY OPERATION	Hours of operation:	
Veterinarian in charge of this facility:	Is the veterinarian in charge the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the veterinarian in charge is not the owner, who is the owner(s) of this facility and the address(es)?	Are there other veterinary facilities in WV under the same ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify the other facility name(s) and address(es)		

EMPLOYEES
Number of veterinarians at this veterinary facility, either full or part time
Name(s) of veterinarians employed at this facility (use additional paper if necessary)
Does this facility employ any registered veterinary technicians, either full or part time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of registered veterinary technicians employed at this facility (use additional paper if necessary)

As the veterinarian in charge, I do hereby swear that all questions on this registration/renewal form have been answered completely and honestly.

Signature: _____ Date: _____

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