



## **State of Nevada Board of Veterinary Medical Examiners**

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

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# **Application for Registration of a Mobile Practice**

**\*Cash is not accepted and fees are non-refundable\***

**Fee\*:** July 1, Even Year-June 30, Odd Year: \$75      July 1, Odd Year-June 30, Even Year: \$150

### **TYPE OF OWNERSHIP**

Sole Prop.: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corp.: \_\_\_\_\_ LLC: \_\_\_\_\_ Other: \_\_\_\_\_

### **TYPE OF PRACTICE**

Full-Service: \_\_\_\_\_ 24hr Emergency: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Specialty: \_\_\_\_\_

### **HOURS OF OPERATION**

**Mon-Fri:** \_\_\_\_AM\_\_\_\_PM    **Sat:**    AM\_\_\_\_PM    **Sun:** \_\_\_\_AM\_\_\_\_PM    **Holidays:** \_\_\_\_AM\_\_\_\_PM

Anticipated Opening Date of Facility \_\_\_\_\_

Name of Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Contact information for owner of facility if not a Licensed Veterinarian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### **Nevada Business License**

NRS 353C requires all licensing boards to provide the following information to the State Controller's office:

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:** \_\_\_\_\_
- ☐ I do NOT have a Nevada business license number.
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending.

***\*Select your application fee based on the date of submission of your application.***

**OWNERSHIP AS A PARTNERSHIP**

If **PARTNERSHIP**, list names of all partners, percent interest, title & veterinary license number.

<i>Name</i>	<i>% Interest</i>	<i>Title</i>	<i>License Number</i>

**OWNERSHIP AS A CORPORATION**

If **CORPORATION**, give exact name

Name of Corporation \_\_\_\_\_ Date Incorporated \_\_\_\_\_ State \_\_\_\_\_

If corporation, list names, titles (Pres., V.P., etc.) and veterinary license number, if applicable:

<i>Name</i>	<i>% Interest</i>	<i>Title</i>	<i>License Number</i>

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**Employed Licensed Veterinarians/Licensed Veterinary Technicians/Veterinary Technicians-in-Training:**

\_\_\_\_\_  
**Veterinarian in Charge**

\_\_\_\_\_  
**License**

<b>Name</b>	<b>License Type (DVM, LVT, VTIT)</b>	<b>License Number</b>

**STATEMENT OF RESPONSIBILITY**

I, \_\_\_\_\_ (Print Name) veterinarian in charge of \_\_\_\_\_  
hereby acknowledge and understand that I as the veterinarian in charge of said facility may be responsible for any violations of the Nevada Veterinary Practice Act (NRS/NAC 638) that may occur in said facility.

- I further acknowledge and understand that I may be named in any action taken by the Nevada State Board of Veterinary Medical Examiners against this facility.
- I further acknowledge and understand that the veterinarian in charge cannot require or permit the veterinarian(s) in said facility to violate any provision of any local, state, or federal laws or regulations pertaining to the practice of veterinary medicine or operation of a facility in Nevada.
- I further acknowledge and understand that upon the change of the veterinarian in charge of the facility, a self-inspection of the facility shall be performed jointly by the departing veterinarian in charge and the new veterinarian in charge.

Date: \_\_\_\_\_ Signature of Veterinarian in Charge: \_\_\_\_\_