



State of Nevada Board of Veterinary Medical Examiners

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

(775) 688-1788 phone / (775) 688-1808 fax

Email: mail@vetboard.nv.gov Website: nvvetboard.nv.gov

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: \$90 ☐ July 1, Odd Year-June 30, Even Year: \$180

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>

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

Veterinarian in Charge

License

Name	License Type (DVM, LVT, VTIT)	License Number

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: _____