



Remit Application/Self Inspection, and Fee to:

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

e-mail-vetbdinfo@vetboard.nv.gov/ web-site-www.nvvvetboard.us

Application/Self Inspections Form for Registration of a new Veterinary Facility

ANY MISREPRESENTATION IN THE ANSWER TO ANY QUESTION ON THIS APPLICATION IS GROUNDS FOR REFUSAL OR DENIAL OF THE APPLICATION.

PLEASE CHECK THE APPLICABLE SPACE BELOW AND ENCLOSE THE APPROPRIATE FEES

| | | | |
|--|------------------------------------|---------------------------|--------------------------------|
| FEES | | | |
| _____ Owned by a licensed veterinarian - \$200.00 | _____ Non-Profit - \$100.00 | | |
| _____ Owned by a non-licensed veterinarian - \$300.00 | | | |
| TYPE OF OWNERSHIP | | | |
| Sole Prop.: _____ Partnership: _____ Corp.: _____ LLC: _____ Other: _____ | | | |
| TYPE OF PRACTICE | | | |
| Full Service Vet Clinic: ___ 24hr Emergency Clinic: ___ Spay/Neuter Clinic: ___ Mobile Clinic: ___ | | | |
| HOURS OF OPERATION | | | |
| Mon-Fri: ___ AM ___ PM | Sat: ___ AM ___ PM | Sun: ___ AM ___ PM | Holidays: ___ AM ___ PM |

Anticipated Date Facility will Open: _____

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:

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.

OWNERSHIP AS A PARTNERSHIP

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

| <i>Name</i> | <i>%Interest</i> | <i>Title</i> | <i>Veterinary License No.</i> |
|-------------|------------------|--------------|-------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Veterinarian in Charge

OWNERSHIP AS A CORPORATION

(If **CORPORATION**, give exact name)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

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

| <i>Name</i> | <i>Title</i> | <i>Nevada Veterinary License No.</i> |
|-------------|--------------|--------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

| | |
|-------------------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Veterinarian in Charge | License # |

STATEMENT OF RESPONSIBILITY

I, _____ 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.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

