

STATE OF NEVADA



BOARD OF VETERINARY MEDICAL EXAMINERS

4600 KIETZKE LANE, BUILDING O-265

RENO, NEVADA 89502

PHONE 775 688-1788/FAX 775 688-1808

[VETBDINFO@VETBOARD.NV.GOV](mailto:VETBDINFO@VETBOARD.NV.GOV)

[WWW.NVVETBOARD.US](http://WWW.NVVETBOARD.US)

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) or staff 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