

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Registration of a Veterinary Premise
Form # DBPR VM 2

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Complete this application.</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • \$250 • Make check payable to the Florida Department of Business and Professional Regulation. <p><input type="checkbox"/> All veterinary premise permit applications must list the licensed veterinarian that will be responsible for the management of the establishment.</p> <p><input type="checkbox"/> If the owner of the establishment is not a Florida-licensed veterinarian, the owner will have their name submitted by the department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions.</p> <p><input type="checkbox"/> Note: A temporary license will be issued until the veterinary premise has passed a required inspection.</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Veterinary Premise Licensure

If this is an establishment, permanent or mobile, where a licensed veterinarian practices, you must have a permit issued by the Department of Business and Professional Regulation. Please be advised that practicing veterinary medicine at an unlicensed establishment is a violation of Section 474.215, Florida Statutes, and may result in disciplinary action being taken against your veterinary license.

GENERAL VETERINARY PREMISE SAFETY AND SANITARY REQUIREMENTS See Chapter 61G18-15, Florida Administrative Code for more information.
<p>All veterinary premises must have the following:</p> <ol style="list-style-type: none"> 1. Exterior of veterinary premise (not required for mobile unit): <ol style="list-style-type: none"> a. Legible sign to identify its location. b. Exterior of premise and grounds clean and well maintained. c. Telephone number posted in view from exterior for emergency veterinary care. 2. Interior of veterinary premise: <ol style="list-style-type: none"> a. Clean and orderly office and restrooms. (not required for mobile unit) b. Current licenses for all veterinarians working at the premise posted in view of clients. c. Emergency telephone answering service available 24 hours a day. 3. Examination areas: <ol style="list-style-type: none"> a. Clean and orderly examination areas. b. Available lined waste receptacles. c. Sink with disposable towels in examination area. d. Adequate examination table with a smooth, impervious surface.

GENERAL VETERINARY PREMISE SAFETY AND SANITARY REQUIREMENTS- continued
See Chapter 61G18-15, Florida Administrative Code for more information.

4. **Pharmacy:**
 - a. Clean and orderly pharmacy area.
 - b. Identifiable area for drug storage and records.
 - c. Blood storage or blood donors available.
 - d. Existence of accurate controlled substance log and individual patient records.
 - e. If controlled substances are on premises, a locking, secure cabinet for storage.
 - f. DEA certificate on premises.
 - g. Segregated area for the storage of expired drugs.
 - h. Disposable needles and syringes.
 - i. All drugs stored in the pharmacy must be properly labeled with drug name, strength, and expiration date.
 - j. Drugs dispensed to the public are to be distributed in child-resistant containers unless a specific written request for non child-resistant containers is made by the animal owner. All containers distributed must be labeled with the drug name, strength and quantity, expiration date, instructions for use, the name and species of the animal for which the drug is prescribed, the last name of the animal's owner, and the name, address and telephone number of the veterinarian prescribing the drug.
5. **Medical Records:**
 - a. Medical records kept as required by Rule 61G18- 18.002, Florida Administrative Code.
 - b. Veterinarians must furnish a permanent address at which they can be reached by clients in order that clients may obtain veterinary medical records.
6. **Laboratory:**
 - a. Microscope and centrifuge available.
 - b. Urinalysis equipment, hematology and blood chemistry facilities, and microbiological capacity available on the premise, or contracted outside laboratory services available.
7. **Facilities/Equipment for Immediate Resuscitative Care:**
 - a. Clean and orderly facilities.
 - b. Sterile instruments, drapes, caps and masks.
 - c. Operating table appropriate to the proposed use constructed of smooth impervious material.
 - d. Oxygen and equipment for its administration.
 - e. Anesthesia equipment.
8. **Facility Requirements:**
 - a. Holding areas shall be capable of sanitation and shall be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal.
 - b. Garbage and trash disposed in sanitary cans lined with disposable bags.
 - c. Effective insect and rodent control.
 - d. Carcass disposal – any adequate method used in area, provided the sanitary code is not violated.
 - e. Emergency lighting which must include at least a functioning rechargeable battery-operated light.
 - f. Fire extinguisher, with current annual inspection.
 - g. Refrigeration of stored drugs, biologicals, lab samples, reagents and other perishable items.
 - h. Comply with the requirements of Rule 64E-16, F.A.C., concerning the handling and disposal of biohazardous waste.
 - i. **Note:** All premises must have facilities for radiology, surgery and long-term hospitalization, as described below or, in lieu thereof, written evidence that arrangements have been made with a local clinic or hospital must be available for inspection. For the purpose of this chapter local is defined as within 30 minutes or 30 miles whichever is greater to provide the service outside the premise.

GENERAL VETERINARY PREMISE SAFETY AND SANITARY REQUIREMENTS- continued
See Chapter 61G18-15, Florida Administrative Code for more information.

9. **Note:** All premises must have facilities for radiology, surgery and long-term hospitalization, as described below or, in lieu thereof, written evidence that arrangements have been made with a local clinic or hospital must be available for inspection. For the purpose of this chapter local is defined as within 30 minutes or 30 miles whichever is greater to provide the service outside the premise.
- a. **Radiology:**
 - i. X-ray machine; 100 MA preferred minimum.
 - ii. Developing tanks.
 - iii. Monitoring of exposure of personnel to radiation required.
 - b. **Surgery:**
 - i. Well lighted, clean and orderly surgery area.
 - ii. Method of sterilization of surgical equipment, either by autoclave or gas sterilization.
 - iii. Operating table appropriate to the proposed use constructed of a smooth impervious surface.
 - iv. Oxygen and equipment for its administration.
 - c. **Hospital wards:**
 - i. Properly ventilated, well lighted, clean and orderly hospital wards.
 - ii. Holding areas shall be capable of sanitation and shall be maintained by including proper ventilation, sufficient lighting and be of a size consistent with the welfare of the animal.
10. **Optional facilities:** Veterinary premises are not required to have the following facilities. However, if they do have them, the facilities must meet the standards set forth.
- a. Reception area – entrance shall be free from hazards.
 - b. Grooming area – clean and orderly.
 - c. Kitchen or food area – clean and orderly.
 - d. Exercise runs– clean, orderly, and free from hazards.

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Registration of a Veterinary Premise
Form # DBPR VM 2

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the end of this application.

Section I – Application Type

CHECK ONE OF THE PREMISE TYPES		
<input type="checkbox"/> Veterinary Clinic/Hospital [2602/1030]	<input type="checkbox"/> Veterinary Mobile Clinic/Unit [2602/1030]	
CHECK ONE OF THE TRANSACTION TYPES		
<input type="checkbox"/> New Clinic/Hospital/Mobile Unit	<input type="checkbox"/> Existing Clinic/Hospital/Unit moving locations	<input type="checkbox"/> Change in business ownership

Section II – Premise/Clinic Information

CLINIC INFORMATION		
Current Clinic Name		
Previous Name of Clinic (If different from current name)		
Opening Date or Date of Change in Location or Ownership (MM/DD/YYYY): / /		
CLINIC MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CLINIC LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Telephone Number	Fax Number	
Email Address		

RESPONSIBLE VETERINARIAN INFORMATION		
Name		
License Number	Social Security Number*	
Street Address		
City	State	Zip Code (+4 optional)

* The disclosure of your social security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Clinic Information- continued

VETERINARY PREMISE SAFETY AND SANITARY REQUIREMENTS	
Veterinary Premise (clinic, hospital, mobile clinic unit): Does the veterinary premise meet all of the applicable safety and sanitary requirements established in Chapter 61G18-15 of the Florida Administrative Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section III – Clinic Ownership Information

CLINIC OWNERSHIP INFORMATION (Complete if different than the Responsible Veterinarian listed above.)		
Name		
Date of Birth (MM/DD/YYYY) / /	License Number	Social Security Number*
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (Optional)	
Street Address		
City	State	Zip Code (+4 optional)

NOTE: In accordance with Section 474.215(8), Florida Statutes, any person who is not a veterinarian licensed under this chapter, but who desires to own and operate a veterinary medical establishment, will have their name submitted by the Department for a statewide criminal records correspondence check through the Department of Law Enforcement.

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section IV(a) – Background Question

BACKGROUND QUESTIONS		
If you answer "YES" to the question below, please refer to Section IV of Instructions for detailed instructions on providing a complete explanation, including requirements for submitting supporting legal documents. Please complete Section IV (b) if you respond "YES" to question 1. If you have more offenses/incidents to document in Section IV (b), attach additional copies as necessary.		
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

Section IV (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

1) Requirements for Veterinary Medicine Examination

- a) All veterinary premise permit applications must list the licensed veterinarian that will be responsible for the management of the establishment.
- b) If the owner of the establishment is not a Florida-licensed veterinarian, the owner will have their name submitted by the department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.
- c) A temporary license will be issued until the veterinary premise has passed a required inspection for safety and sanitary requirements established in Chapter 61G18-15 of the Florida Administrative Code.
- d) For more information regarding the safety and sanitary requirements please refer to [Chapter 61G18-15 of the Florida Administrative Code](#).

2) Application Instructions by section

a) Section I- Application Type

- i) Select the type of veterinary premise you wish to register.
- ii) Select only one transaction type:
 - (1) New clinic, hospital, or mobile unit;
 - (2) Existing clinic, hospital, or mobile unit that is changing locations;
 - (3) Change in the business ownership of a clinic, hospital, or mobile unit.

b) Section II- Clinic Information

- i) Fill out each section completely.
- ii) Provide the current name of the clinic, hospital, or mobile unit.
- iii) Provide the previous name of the clinic, hospital, or mobile unit if the name has changed.
- iv) Provide the date of opening, location change, or change of ownership for the clinic, hospital, or mobile unit.
- v) Provide the clinic, hospital, or mobile unit mailing address. This will be used for sending correspondence regarding your application and license.
- vi) Provide the physical address of where the clinic, hospital, or mobile unit is located.
- vii) Provide a valid phone number, fax number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- viii) Provide the name, license number, Social Security number, and address of the licensed veterinarian who is designated as the responsible veterinarian. The responsible veterinarian will provide professional supervision of the veterinary medical practice and ensure the minimum standards set by the Veterinary Board are followed.
- ix) Answer whether or not the proposed veterinary premise meets the applicable safety and sanitary requirements established in Chapter 61G18-15 of the Florida Administrative Code.

c) Section III- Clinic Ownership Information

- i) Provide the name, date of birth, Florida veterinary medicine license number, Social Security number, gender and address for the owner of the veterinary premise. Race is an optional field.
- ii) **Note:** If the owner of the establishment is not a Florida-licensed veterinarian, the owner will have their name submitted by the department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.

d) Section IV (a) and (b) - Background Question.

- i) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
- ii) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

e) Section V – Affirmation by Written Declaration

- i) The applicant must sign the affirmation by written declaration.