

APPLICATION FOR REGISTRATION OF VETERINARY FACILITIES

Any person (s) desiring to operate a veterinary facility in the District of Columbia as defined by Title 17, Chapter 24 of the DC Municipal Regulations, must complete this form to register with the DOH ninety (90) days prior to opening for practice with the required fee. For annual renewal, register with the DOH at least forty-five (45) days prior to the expiration of registration with the prescribed fee. Each existing animal facility shall make application for registration within 90 days of final adoption of the rules of procedures.

TYPE OF APPLICATION: (check one)

New Veterinary Facility **Renewal** **Change of Ownership**

Name of Facility: _____		
Location: _____		
Street Address	City, State	Zip Code
Contact Information: _____		
Name of Preferred Contact/Title	Office Phone#	Fax #
E-mail address _____		

Check the one(s) which best describe your veterinary facility.

- Mobile Clinic
- House Call Practice Only
- Fixed Establishment (Animal Hospital or Clinic)

Check the following services, if provided:

- Animal Surgery and Post Surgical Care
- Animal Housing Inside Only (cages)
- Animal Housing with Indoor and/or Outdoor Run(s)
- Radiology Services
- In-House Laboratory Services

Please list the facility's Hours of Operation

Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	

APPLICANT:

Name (Printed) _____	DVM License#/ Expiration _____
Address _____	Office/Home Telephone Number _____
Occupation _____	License # _____ Expiration Date _____

If applicant is a Corporation or Association attach a list of major stockholders.

Association

Corporation

Partnership

Name	DEA Number & Expiration
------	-------------------------

Street Address	City, State	Zip Code
----------------	-------------	----------

Occupation	License #	Expiration Date
------------	-----------	-----------------

Name	DEA Number & Expiration
------	-------------------------

Street Address	City, State	Zip Code
----------------	-------------	----------

Occupation	License #	Expiration Date
------------	-----------	-----------------

List the following information for other Veterinarian(s) currently employed: (attach separate sheet as required)

Name	Veterinary License Number	DEA Number & Expiration
------	---------------------------	-------------------------

Name	Veterinary License Number	DEA Number & Expiration
------	---------------------------	-------------------------

Name	Veterinary License Number	DEA Number & Expiration
------	---------------------------	-------------------------

Name	Veterinary License Number	DEA Number & Expiration
------	---------------------------	-------------------------

Name	Veterinary License Number	DEA Number & Expiration
------	---------------------------	-------------------------

List the following information for Veterinary Technician(s) currently employed: (attach separate sheet as required)

Name (print)	Age
--------------	-----

Home Address	City, State	Zip Code
--------------	-------------	----------

Certification Number

Name (print) Age

Home Address City, State Zip Code

Certification Number

LICENSURE FEE OF \$117.00 PAYABLE TO "D.C. TREASURER" IS ATTACHED TO THIS APPLICATION. (FEE IS NON-REFUNDABLE) INITIAL LICENSURE FEE IS \$195.00.

All statements are true (other reasonable information which is required in order to ascertain the ability to operate a veterinary facility in conformity with the Title 17, Chapter 24 of the DC Municipal Regulations will be made available upon request. In addition, any changes in operation, program, or services will be transmitted to the Health Regulation and Licensing Administration within five (5) days of the changes.

Signature(s)	Title	Date
_____	_____	_____
_____	_____	_____
<i>PRINT</i>		
_____	_____	_____
_____	_____	_____
<i>PRINT</i>		

In the case of an individual ownership, the signature is that of the individual; if a partnership, the signature is that of all partners; if a corporation, the signature is that of two (2) of the Officers, one of whom is the President.

Please complete this form in its entirety and include proof of a current fire inspection (new applications only). Submit to:

**DC Health
Animal Services Program
ATTN: Vito DelVento, DVM
P. O Box 37804
Washington, DC 20013**