# PREMISE LICENSE
## NAME CHANGE/SCOPE OF SERVICES CHANGE REQUEST FORM

### CURRENT PREMISE INFORMATION:

Premise # ________ Premise Name: ____________________________________________

Premise Address:
- Street Address ___________________
- City __________________________
- State ____________ Zip Code _____

Mailing Address:
- Street Address ___________________
- City __________________________
- State ____________ Zip Code _____

Premise Telephone #: ___________________ Contact Email: ___________________________

### Reason for Premise License Change Request:

- [ ] NAME CHANGE
  
  Change Premise Name to: ____________________________________________

- [ ] SCOPE OF SERVICE CHANGE
  
  Note: A.R.S. Section 32-2272(C)…..If there have been major changes in the scope of Veterinary Services offered, the premises are subject to re-inspection. Please note that your request will be submitted to the Board for approval.

  Additions or Reductions in Service:

  - [ ] Boarding
  - [ ] Diagnostics
  - [ ] Emergency Service (24hour)
  - [ ] Emergency Service (not 24 hour)
  - [ ] Grooming
  - [ ] Housing
  - [ ] Radiology
  - [ ] Surgery
  - [ ] Transporting patients
  - [ ] Other: ________

  Mobile Unit [ ] – For the addition of a mobile unit, please describe the services that will be offered.

  __________________________________________________

  Where will the services be performed? ____________________________________________

  Verify where the medical records for the mobile unit will be maintained._____________________

- [ ] Is the type of practice changing? No [ ] Yes [ ] If yes, check which category is applicable:
  - [ ] Large animals
  - [ ] Small animals
  - [ ] Exotics
  - [ ] Avian

### Printed Name of Responsible Veterinarian_________________________________________

Date: ______________

Signature of Responsible Veterinarian ____________________________________________

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