Arizona State Veterinary Medical Examining Board

STEPS TO OBTAIN A VETERINARY PREMISE LICENSE

*BEFORE providing veterinary medical services, an applicant must:

☐ Fully complete the Veterinary Premise License Application

- ✓ Include **non-refundable** $50 (even-numbered year) or $100 (odd-numbered year*) application fee. Payable by certified/cashier's check or money order to AVMEB. **Cash is not accepted.** *Applications that will be received Dec. 1, 2015 - Dec. 31, 2015 require only a $50 fee since the premises will be licensed in 2016.
- ✓ Include other required documents (if applicable):
  1. Detailed explanation if either the Responsible Veterinarian or premise owner has:
     a. been charged or convicted of a crime;
     b. had their Federal accreditation subject to disciplinary action; or
     c. been subject to disciplinary action relating to licensure.

NOTE: The Responsible Veterinarian must meet one of these requirements: (1) be an Arizona-licensed veterinarian AND live in Arizona; (2) be an Arizona-licensed, non-Arizona resident veterinarian who only provides services at a temporary site in the state (i.e. mobile unit); or (3) a veterinarian who holds a special permit under A.R.S. 32-2217.01.

*Once you have submitted the application and correct fee (via the correct payment method), you may begin providing services! You do not have to wait until the license is issued to open!

What's Next?

Once you have submitted the veterinary premise application and required fee, the **Board staff will review the application for completeness**. The Board is allowed 30 days to complete this review; however, this step is generally much faster. You should expect a response within approximately one week following submission. You will either be asked for additional information that is missing or incorrect from your application or you will be notified that your application is complete and that you may begin to offer veterinary medical services. If the application is not complete, our overall required time-frame to issue the license stops until the requested information is received by the Board.

If your application is complete, you will be sent an acknowledgement letter and packet of the current Arizona statutes and administrative rules that apply to the Arizona State Veterinary Medical Examining Board that we suggest you carefully review. You may also review the Inspection check-list on our website.

Within 90 days of receiving a complete application, the Board's Compliance Inspector will contact you to arrange an inspection of the veterinary medical premise. It is preferred that the premise has provided services and generated records before the inspection occurs. The facility may be operating during the inspection, which generally lasts 1 ½ to 2 hours depending on the complexity and size of the facility. At the time of scheduling, the Inspector will answer any questions you may have about the process. The inspection is not a "pass/fail" process; **if any potential violations are noted, you will have the opportunity to address any issues before your application is considered by the full Board for approval**.

Aside from time spent waiting for additional information from you, including your response to any potential violations, the Board is granted 90 days in which to issue a license. If the premise is not operating and/or the premise owner/staff does not make the facility available for inspection during that time, you may need to submit a new license application.

Questions? **Contact the Board's Compliance Inspector, Gina Pickering, at 602-542-8605.**

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, ARIZONA 85258
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VETBOARD.AZ.GOV

APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A VETERINARY PREMISE LICENSE

PREMISE LICENSE FEES:

☐ **$ 50.00 in an even-numbered year** ☐ **$ 100.00 in an odd-numbered year**

APPLICATION FEE IS NON-REFUNDABLE

PAYABLE BY CERTIFIED/CASHIER'S CHECK OR MONEY ORDER ONLY

PREMISE LICENSING INFORMATION

Name of Premise_____

Premise Address_____

City _____ State _____ Zip _____County _____

Mailing Address_____City _____State _____ Zip_____

Business Phone Number (____)_____ Email Address: _____

REASON FOR PREMISE APPLICATION – *(Check all applicable areas)*

☐ New Premise ☐ Responsible Veterinarian change ☐ Ownership change ☐ Address change ☐ Other

WAS THIS PREMISE PREVIOUSLY LICENSED? *IF YES, PLEASE COMPLETE THIS SECTION*

A.R.S. § 32-2272 (D), A change of responsible veterinarian or owner shall cancel a premise license. The responsible veterinarian or owner shall surrender the premise license to the Board within 20 days of the change.

Previous Premise License Number _____ Previous Premise Name _____

Previous Responsible Veterinarian _____

RESPONSIBLE VETERINARIAN

ONLY ONE VETERINARIAN MAY BE DESIGNATED AS RESPONSIBLE VETERINARIAN

A.R.S. § 32-2201(18) . . . The veterinarian responsible to the Board for compliance of licensed veterinary premises with the laws and rules of this state and of the federal government pertaining to the practice of veterinary medicine and responsible for the establishment of policy of such premises.

Name _____ License Number _____

Residence Phone Number _____ Business Phone Number _____

1. List all premises where you are currently registered as the Responsible Veterinarian (*Attach continuation sheet if necessary*).
   _____
2. Designate a primary premise (*This information will be listed on the Board's computer record for inquiries*).
   _____
3. Have you ever been charged or convicted of a crime? ☐ Yes ☐ No (*Yes, attach detailed explanation*)
4. Has your Federal accreditation been subject to disciplinary action? ☐ Yes ☐ No (*Yes, attach detailed explanation*)
5. Have you been subject to disciplinary action relating to licensure? ☐ Yes ☐ No (*Yes, attach detailed explanation*)

PRACTICE INFORMATION

A.R.S. § 32-2272 (C) . . . A license is not valid for any premises other than those for which issued. If there have been major changes in the scope of veterinary services offered, the premises are subject to re-inspection. Mobile units utilized in conjunction with a licensed premise, must be declared at the time of application.

TYPE OF PRACTICE -- *(Check all applicable areas)*

☐ Large Animal ☐ Small Animal ☐ Exotic ☐ Avian ☐ Other

DESCRIPTION OF PRACTICE -- (Check all applicable areas)

☐ **Hospital** (*Overnight Hospitalization offered*)

☐ **Clinic** (*Overnight Hospitalization not offered*)

☐ **Vaccination Clinic**

☐ **Mobile Clinic** (*A.A.C. R3-11-101 [17]*) (a self-contained vehicle (RV, van, etc.) designed to function as a self-contained clinic. Services are performed inside the vehicle.)

☐ **Mobile Unit** (*A.A.C. R3-11-101 [18]*)(e.g. housecall practice). Services are delivered to temporary sites; not designed to function as a self-contained clinic.

DESCRIPTION OF SERVICES
(Check all applicable areas)

☐ Hospitalization

☐ Surgery

☐ Radiology

☐ Diagnostics *(In premise)*

☐ Pharmacy

☐ Alternative medicine *(acupuncture, etc.)*

☐ Routine health exams

☐ Boarding

☐ Transporting patients

☐ Emergency Service *(Not 24hr)*

☐ 24 hour Emergency Service

☐ Vaccinations Only

☐ Grooming

☐ Anesthesia-free dental cleanings

1. If any of the above services are performed at another premise or in the field, please specify.

_____

_____

PREMISE BUILDING AND HOURS

1. Is the premise based at a residence? ☐ No ☐ Yes **NOTE**: If you answered "Yes" and DO NOT wish your residence address to be public, please provide an alternative mailing address (e.g. P.O. Box #) on Page 1.

2. List the hours the premise is open to the public:

   a. For hospitals/clinics: list the days/ hours the facility is open to the public.
   Days/Hours:_____

   b. For clinics held at a store, grooming facility, boarding facility, etc.: list the *specific* day (e.g. 2nd Saturday of the month) or specific dates and hours the clinic will be in operation.
   Day/Dates:_____ Hours:_____

OWNER INFORMATION

PROPRIETORSHIP

Name of Owner _____

Address _____

PARTNERSHIP

Name of Partnership _____

Address of Principal Office _____

Names, Addresses, and Percentages of General Partners _____

_____

_____

_____

CORPORATION

Name of Corporation _____

Address of Principal Office _____

State of Incorporation _____ Date of Incorporation _____

Arizona Statutory Agent, Address and Phone Number _____

_____

Names, Titles, and Addresses of Officers and Directors (Note: one of the individuals listed here should sign as the Practice Owner on the next page) _____

_____

_____

_____

ADDITIONAL REQUIRED INFORMATION

Has the owner ever been charged or convicted of a crime?

☐ No ☐ Yes (*Yes, attach detailed explanation*)

Has the owner's Federal accreditation been subject to disciplinary action?

☐ No ☐ Yes (*Yes, attach detailed explanation*)

Has the owner been subject to disciplinary action relating to licensure?

☐ No ☐ Yes (*Yes, attach detailed explanation*)

CERTIFICATION OF ACCURACY

The undersigned hereby certifies that the information contained in this application and any attachments thereto is true and correct, and further certifies that:

1. The undersigned is familiar with the laws of Arizona and the rules of the State Board pertaining to the practice of veterinary medicine.
2. The undersigned is familiar with the laws of the federal government pertaining to the practice of veterinary medicine and pertaining to the use, dispensing, prescribing and storing of controlled substances.
3. The RESPONSIBLE VETERINARIAN, identified herein, is responsible to the State Board for the establishment of, and adherence to, policies of veterinary medical service and conduct in accordance with federal laws, Arizona State laws, and the rules of the State Board pertaining to the practice of veterinary medicine.

Signature of Responsible Veterinarian: _____ **Date:** _____

State of _____

County of_____

Subscribed and Sworn before me this _____day of _____, 20_____

SEAL Notary Public _____

Signature of Practice Owner: _____ **Date:** _____

Printed Name: _____

Please be advised of the following pursuant to Arizona Revised Statutes (ARS) §41-1030:
ARS §41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
ARS §41-1030(D): This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
ARS §41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
ARS §41-1030(F): This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

ALTERNATE FORMAT

Individuals with disabilities who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364 -1739 (voice) to make their needs known.