

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258

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vetboard.az.gov

**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:**

**Which type of service is being changed?** (Check all that apply.)

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 \_\_\_\_\_