

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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Phone (602) 364-1PET (1738) FAX (602) 364-1039

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? (circle below)

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 _____