

**West Virginia Board of Veterinary Medicine  
Veterinary Facility Annual Registration  
Fiscal Year 2005 (July 1, 2004-June 30, 2005)**

All veterinary facilities in West Virginia must be registered with the West Virginia Board of Veterinary Medicine, and must submit annual registration and dues for such premise. Fee for each veterinary facility is \$25.00, (\$31.25, if received by the Board after June 30, 2004) payable to the West Virginia Board of Veterinary Medicine. This facility permit is for the fiscal year period **July 1, 2004 through June 30, 2005**.

**If facility is not in compliance with the requirement that facility be registered, veterinary license renewal will be denied to veterinarian(s) in charge or veterinarian shareholders, if incorporated**

**Type or print legibly. All questions on pages 1 and 2 must be answered or registration will not be processed.**

1. Facility Name: \_\_\_\_\_

2. County in which this veterinary facility is located: \_\_\_\_\_

3. Type of veterinary facility (check one)

- Hospital Facility
- Clinic Facility
- Mobile Facility
- Emergency Facility
- Secondary Outpatient Facility

4. Physical address of veterinary facility: \_\_\_\_\_  
\_\_\_\_\_

5. Mailing address of veterinary facility: \_\_\_\_\_  
\_\_\_\_\_

6. Owner or operator of this veterinary facility: \_\_\_\_\_

7. Phone number of veterinary facility : \_\_\_\_\_

8. Hours of operation of veterinary facility: \_\_\_\_\_  
\_\_\_\_\_

9. Approximate date of establishment of this veterinary facility: \_\_\_\_\_

10. Is the veterinarian operating this facility the facility owner? \_\_\_\_\_

11. Is this veterinary facility incorporated? \_\_\_\_\_

If the answer to 11 is YES, is corporation current on veterinary corporation dues payable to the West Virginia Board of Veterinary Medicine, with annual corporation certificate on file in your veterinary facility? \_\_\_\_\_

Primary operation of this facility,

- 12. \_\_\_ Small animal
- 13. \_\_\_ Large animal (Specialty species, if applicable, e.g., equine, bovine)  
\_\_\_\_\_
- 14. \_\_\_ Mixed
- 15. \_\_\_ Other If other, specify: \_\_\_\_\_

16. Number of veterinarians at this veterinary facility, either full or part time. \_\_\_\_\_

17. Name(s) of veterinarians employed at this facility: \_\_\_\_\_  
\_\_\_\_\_

18. Does facility employ any Registered Veterinary Technicians, either full or part time? \_\_\_\_\_

19. Name(s) of RVTs employed at this facility: \_\_\_\_\_  
\_\_\_\_\_

Enclose a check or money order payable to the West Virginia Board of Veterinary Medicine, in the amount of \$25.00, if received by the Board prior to June 30. If received by the Board after June 30, amount due is \$31.25.

20. Are there other veterinary facilities in WV under same ownership? \_\_\_\_\_

If YES to 20, specify other facilities name(s) and address(es). \_\_\_\_\_  
\_\_\_\_\_

21. Print name of signature authority listed on line 22.  
\_\_\_\_\_

**I swear by my signature below that all questions on this Veterinary Facility Annual Registration form have been answered completely and honestly**

22. Signature of veterinarian in charge. \_\_\_\_\_ Date: \_\_\_\_\_

(Do not write below this line)

**Mail Completed Form and Payment To:  
WV Board of Veterinary Medicine  
5509 Big Tyler Road, Suite 3  
Cross Lanes, WV 25313**

**Posted by Board** \_\_\_\_\_