



**BANK USE: 12 10 27103 4917**

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR INITIAL VETERINARY HOSPITAL LICENSE APPLICATION**

Hospital Owner's Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(Note: An application for licensure will be sent to the above e-mail address.)

Federal identification number: \_\_\_\_\_

Reason for hospital license application request (check one of the boxes below):

Hospital moving to a new location:

Brand new hospital opening:

New ownership of existing hospital:

**Note: The owners of mobile units in which animals are treated inside the unit shall seek hospital licensure with the Board.**

**A check or money order in the amount of \$215.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. Include your name in the memo section of a check.**

Mail this form and your payment to: Maryland Department of Agriculture  
P.O. Box 17304  
Baltimore, MD 21297-1304