



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: 52-__ __ __ __ __ __

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. 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