

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

50 Harry S. Truman Parkway, Room 102, Annapolis, Maryland 21401

Telephone: 410.841.5862 www.mda.maryland.gov/vetboard

VETERINARY HOSPITAL Information Update

The State Board is in the process of updating information for all veterinary hospitals in the state. If you are receiving this, your hospital must fill it out. The information requested on this form reflects the changing face of veterinary practices. We need this information to ensure we communicate with the proper people in your practice about ongoing regulatory and licensing concerns. Your cooperation will help ensure that we get the right information to the right people in your practice. This is a fillable form you can type and keep for your records.

**Please provide all information requested on this form
by December 31, 2017.**

Submit this information online



If you have any questions regarding this application process, contact the Board's office at 410.841.5862

ALL INFORMATION ON THIS FORM IS REQUIRED.

Hospital License No. _____

Name of Hospital (or DBA): _____

DBA, if applicable _____

**Name of Owner(s)/Company
(if different from hospital name)** _____

If more than one owner, list each one. Attach extra sheet if necessary _____

This veterinary practice is a:

Sole Proprietorship _____

Limited Liability Limited Partnership _____

General Partnership _____

Corporation _____

Limited Partnership _____

Nonprofit Corporation _____

Limited Liability Partnership _____

Limited Liability Company _____

Is this company registered with the State of Maryland? Yes _____ No _____

If yes, report State of Maryland ID Number: _____

Section 1. Hospital Information:

Physical Address (Street, City, Zip) _____

County of Location _____

Mailing Address, if different from physical address _____

Hospital Phone Number _____ Hospital Fax No. _____

Hospital Email (Required) _____

Do you employ one or more persons? Yes ___ No ___

If yes, you must either A) file with the Department a certificate of compliance with the State Worker's Compensation Laws; or (b) show evidence of insurance, a Workman's Compensation Policy Number or Binder Number.

Policy Number _____

Binder Number _____

Type of Practice (small animal, equine, large animal, etc.): _____

Is this practice a Mobile Unit? Yes _____ No _____

If yes, list license plate number(s) _____
(Attach extra sheet with additional tag numbers, if necessary)

Is this practice a Limited Use Hospital? Yes _____ No _____

Is this hospital an emergency/referral hospital? Yes _____ No _____

List the hospital's core days and hours of operation: _____

Does the hospital have after-hours emergency service? Yes _____ No _____

Section 2. Responsible Veterinarian

IMPORTANT: Every practice location must have a Responsible Veterinarian who is licensed and registered in Maryland and provides direct supervision and control of a licensed veterinary facility. The Responsible Veterinarian must be regularly present at the facility more than 50% of the time the facility is open for business or at least 20 hours per week if the facility is open for business more than 40 hours per week.

Name of Responsible Veterinarian: _____

License Number of Responsible Veterinarian: _____

Business Phone Number of Responsible Veterinarian: _____

Home or Cell Phone Number of Responsible Veterinarian: _____

Email address of Responsible Veterinarian: _____

Does the Responsible Veterinarian have an ownership interest in the practice? Yes ____ No ____

If yes, please describe:

Code of Maryland Regulations 15.14.03.01(5)-(5)(ii) states: "Responsible veterinarian" means a veterinarian who (a) Is licensed and registered by the Board; (b) Provides direct supervision and control of a licensed veterinary facility; and (c) Is regularly present at the facility: (i) More than 50% of the time the facility is open for business; or (ii) At least 20 hours per week if the facility is open for business more than 40 hours per week.

Section 3. Owner/Company Information, if different

Company Physical Address: _____

Company Mailing Address, if different: _____

Company Phone Number, if different: _____

Company Fax Number, if different: _____

Company Email, if different: _____

IMPORTANT: Every veterinary hospital that is owned by a company must have a Local Representative who speaks as the owner of the facility and is responsible for all ownership functions, as defined in the Veterinary Practice Act. This may be the Responsible Veterinarian.

Note: Code of Maryland Regulations 15.14.03.01B(4) states: "Owner" means the person responsible for maintaining the hospital or mobile clinic properly. A person who leases a veterinary practice from another shall assume the responsibility of maintaining the facility properly, and thus, for the purposes of this chapter and COMAR 15.14.07, is considered the owner of the facility.

Is the Responsible Veterinarian the Local Representative: Yes ____ No ____

(If yes, go to Section 4)

Name of Owner's Local Representative: _____

Mailing Address of Local Representative: _____

Email Address of Local Representative: _____

Business Phone of Local Representative: _____

Home or Cell Phone of Local Representative: _____

Section 4. Veterinarians and Registered Veterinary Technicians

List the names and license numbers of all **Veterinarians** and **Registered Veterinary Technicians** employed by the practice (full and part-time). Note if any licensees have an ownership interest in the business

Name of Veterinarian	License Number	Ownership Interest? Y/N
1.		
2.		
3.		
4.		
5.		
6.		

Attach a separate page if necessary

Name of Registered Veterinary Technician (Do not include non-registered techs.)	License Number	Ownership Interest? Y/N
1.		
2.		
3.		
4.		
5.		
6.		

Attach a separate page if necessary

Does this practice use Relief Veterinarians? Yes _____ No _____

Information provided to the State Board must be kept up to date at all times. Any changes, including changes in employed veterinarians or registered veterinary technicians, as well as any future changes in veterinary hospital ownership, partnerships, responsible veterinarians and local agents, including all contact information for the above, (i.e., business and personal mailing addresses, phone numbers and email addresses) must be reported in writing to the Board by the owner, local representative, or responsible veterinarian within 30 days of the change. Failure to provide the Board with any changes to the information supplied may result in disciplinary action, denial or revocation of the hospital's license and/or registration.

Name & title of person filling out this form:

Phone/Email of Contact

Date: