



MARYLAND DEPARTMENT OF AGRICULTURE
 STATE BOARD OF VETERINARY MEDICAL EXAMINERS
 50 Harry S. Truman Parkway, Room 102 ▪ Annapolis, Maryland 21401
 Telephone: 410.841.5862 www.mda.maryland.gov

Registration #: _____
Date Received: _____
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<input type="checkbox"/> Cash <input type="checkbox"/> Check
FOR OFFICIAL USE ONLY
PCA 27103
OBJ 4917=\$215;
OBJ 4918 = \$100

APPLICATION FOR VETERINARY HOSPITAL LICENSE

Hospital Name: _____

Owner: _____

Street Address: _____

City, State, Zip: _____

New Hospital Fee: \$215

Your fee to operate a Veterinary Facility in Maryland for Fiscal Year Ending June 30, 2015 is: \$215.00.

PLEASE MAKE CHECKS PAYABLE TO: Maryland Dept. of Agriculture

Section 2-304.1(B) of the Maryland Agriculture Article states that every veterinary hospital shall be licensed annually by the State Board of Veterinary Medical Examiners. The license shall be applied for and issued to the owner of the hospital. **NOTE:** If the applicant is a person other than a veterinarian licensed in this State, the Board will not approve the application unless the hospital is under the direct supervision of a Maryland-licensed veterinarian and a veterinarian licensed and registered in Maryland is employed in the hospital. Please identify and obtain the signature of the licensed veterinarian who will be providing direct supervision and control of the hospital. Pursuant to COMAR 15.14.03.01-1, the hospital owner shall notify the Board in writing of any change to the information provided on this application within 30 days after the change.

Owner(s) of business: _____

In the event of incapacitation or death of a sole owner of the business, the following individual will contact the Board within 30 days: _____

Printed name of veterinarian(s) responsible for the hospital: _____

Signature of veterinarian responsible for the hospital: _____

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 WORKMEN'S COMPENSATION POLICY NUMBER OR BINDER NUMBER.

POLICY NUMBER: _____ BINDER NUMBER: _____

Full names of all veterinarians employed by you: _____

Full names of Maryland-registered technicians employed by you: _____

Hospital's core days and hours of operation (Note: The days and hours during which the hospital is open for inspection by the Board):

County in which practice is located: _____

Do you offer services 24 hours per day? Yes No

Do you offer "after hour" services? Yes No
(e.g., 7p.m. to 7 a.m.)

Is this a mobile unit? Yes No

Tag Number: _____

If yes, please include Vehicle Identification Number: _____

Hospital Phone: _____

Hospital Fax: _____

Signature

Date

Printed name of individual signing above

Please fill out form completely and mail with your license fee, payable to the Maryland Dept. of Agriculture, to:

**State Board of Veterinary Medical Examiners
50 Harry S Truman Parkway, Room 102
Annapolis, MD 21401**