Maryland State Board of Veterinary Medical Examiners
Change of Responsible Veterinarian Acknowledgement Form

I, _____, the owner or local representative on file of _____,
(owner or representative name) (name of hospital)

(License Number # _____), request that Dr. _____, be made the
(name of new responsible veterinarian)

Responsible Veterinarian on file. I acknowledge that this change of responsible veterinarian is not due to a change in

ownership or location of the facility that would require a new hospital license.

AND;

I, _____, (License #: _____), accept the role and responsibility of being
(name of new responsible veterinarian)

the responsible veterinarian on file for hospital _____(License #: _____),
(name of hospital)

starting on _____and understand the statutes and regulations that must be adhered to in the state
(effective date of change)

of Maryland for operating such a facility. I also acknowledge that public disciplinary action may be taken against my

license for violations of the statutes, and regulations that occur at the hospital listed above.

_____ _____

Signature of Owner/Local Representative Date

_____ _____

Signature of Responsible Veterinarian Date