



ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8100 SEATON PLACE – SUITE A
MONTGOMERY, ALABAMA 36116
334/395-5112
FAX: 334/395-5117



SUPPORTIVE FACILITY – PREMISES PERMIT APPLICATION

NAME OF THE SUPPORTIVE FACILITY: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

SATELLITE ___ OUTPATIENT ___ MOBILE SMALL ANIMAL CLINIC ___

FULL SERVICE _____ LIMITED SERVICE _____

NUMBER OF SERVICE AGREEMENTS _____ (attach all agreements)

NEW INSPECTION: _____ REINSPECTION: _____ OWNERSHIP CHANGE: _____

PREMISES PERMIT INSPECTION OR REINSPECTION FEE: _____

OWNER OF THE SUPPORTIVE FACILITY PREMISES: _____

ADMINISTRATIVE CONTACT VETERINARIAN: _____

APPLICANT AND OWNER OF THE SUPPORTIVE FACILITY:

Signature

Print Name and License Number

DATE: _____

Attested before me on _____ (date) by _____ (name).

Notary Public: _____

My commission expires: _____

VETERINARIANS RESPONSIBLE FOR THE SUPPORTIVE FACILITY:

Signature of Administrative Contact, Supportive Facility Print Name and License Number

Signature of Owner, Supportive Facility Print Name and License Number

Signature of Owner, Supportive Facility Print Name and License Number

(Use additional sheets for signatures, if necessary.)

PRIMARY FACILITY

NAME OF THE PRIMARY FACILITY: _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____
EMAIL ADDRESS: _____
FULL SERVICE HOSPITAL/CLINIC _____ CENTRAL HOSPITAL _____

CERTIFICATION BY OWNERS OF THE PRIMARY FACILITY:

As owners or by having become associated with the supportive facility through the execution of a service agreement, we hereby agree and request that the supportive facility and its veterinarians be added to the premises permit of our primary facility. We further agree, if the supportive facility is offering limited services, that a veterinarian associated with our primary facility will be on call during and after the operation of the supportive facility to render aid, if necessary, and that the supportive facility has ready access to our primary facility by being located within one hour or 45 miles of the primary facility, unless the board has approved a different geographic range.

Signature of an Owner

Print Name and License Number

Signature of Owners' Administrative Contact

Print Name and License Number

Attested before me on _____ (date) by _____ (name).

Notary Public

My commission expires: _____

VETERINARIANS RESPONSIBLE FOR THE PRIMARY FACILITY:

Signature of Administrative Contact, Primary Facility

Print Name and License Number

Signature of Owner, Primary Facility

Print Name and License Number

Signature of Owner, Primary Facility

Print Name and License Number

Signature of Owner, Primary Facility

Print Name and License Number

DATE: _____

(Use additional sheets for signatures, if necessary.)