



Remit To:

**State of Nevada Board of Veterinary Medical Examiners**

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

Website- <https://www.nvvetboard.us> E-mail- [vetbdinfo@vetboard.nv.gov](mailto:vetbdinfo@vetboard.nv.gov)

**2018 Nevada Facility License Renewal**

**FEES**

- Owned by a NV licensed veterinarian - **\$25.00**
- Non Profit - **\$100.00**
- Owned by a non-licensed NV veterinarian - **\$300.00**
- Late Fee **\$50.00 a month after 12/31/2017**

Please include check or money order for the above noted fees with this renewal

**\*\*Renewals must be received in the Board office prior to 12/31/2017 or the late fee will apply\*\***

**GENERAL INFORMATION**

**E-mail address** - Within 48 hours you will receive an email confirmation/receipt for this renewal which may be printed for your records.

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Veterinarian-in-Charge

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Facility License Number

There are no changes to the address or phone numbers on record with the Board.

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**NEVADA BUSINESS LICENSE**

NRS 353C requires all licensing boards to provide the following information to the State Controller's Office:

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:** \_\_\_\_\_

I do NOT have a Nevada business license number.

**FOR OFFICE USE ONLY**

Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Initials: \_\_\_\_\_

GLS \_\_\_\_\_ Excel \_\_\_\_\_ Emailed \_\_\_\_\_

# STATEMENT OF RESPONSIBILITY

I, \_\_\_\_\_ veterinarian in charge, hereby acknowledge and understand that I as the veterinarian-in-charge of said facility may be responsible for any violations of the Nevada Veterinary Practice Act (NRS/NAC 638) that may occur in said facility.

I further acknowledge and understand that I may be named in any action taken by the Nevada State Board of Veterinary Medical Examiners against this facility.

I further acknowledge and understand that the veterinarian-in-charge cannot require or permit the veterinarian(s) in said facility to violate any provision of any local, state, or federal laws or regulations pertaining to the practice of veterinary medicine or operation of a facility in Nevada.

I further acknowledge and understand that upon the change of the veterinarian-in-charge of the facility, a self-inspection of the facility shall be performed jointly by the departing veterinarian-in-charge and the new veterinarian-in-charge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of veterinarian-in-charge

## LICENSED PERSONNEL

Veterinarian-in-Charge: \_\_\_\_\_

Owner (s): \_\_\_\_\_

### Veterinarians

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Veterinary Technicians

_____	_____
_____	_____
_____	_____
_____	_____

### Veterinary Technicians in Training

_____	_____
_____	_____

**Attach List if Needed**