

APPLICATION for INSPECTION and ACCREDITATION of a VETERINARY FACILITY

NOTE: under the *Veterinarians Act* s.15, "no person shall establish or operate a veterinary facility except under and in accordance with a certificate of accreditation." Under Ont. Reg. 1093, ss. 10, a facility must meet the standards for the class/facility category for which the application is made, and the applicant—either the owner or a veterinarian with written authorization by the owner to be responsible for the facility—must hold a general or restricted licence, the conditions of which are consistent with the conditions of the Certificate of Accreditation.

DATE of APPLICATION: _____ FEE SUBMITTED: \$ _____

See Accreditation Fee Guide on page 4 of document. Payment for Inspection is due with application of inspection and may be paid by credit card (Visa, MasterCard or Cheque).

APPLICANT'S NAME: _____

Applicant must be owner or owner's designate, who will act as director. See the Undertaking on page 3

PRACTICE NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

DIRECTOR'S* CONFIDENTIAL EMAIL: _____
(do not provide shared email address)

PROVIDE NAME(S) OF ADDITIONAL OWNERS: _____

CATEGORY of FACILITY/IES to be INSPECTED:

- | | |
|--|---|
| <input type="checkbox"/> Companion Animal Hospital | <input type="checkbox"/> Equine Clinic |
| <input type="checkbox"/> Companion Animal Office | <input type="checkbox"/> Food Producing Animal Mobile ¹ |
| <input type="checkbox"/> Companion Animal Mobile | _____ (# of FPAMs to be inspected) |
| _____ (# of CAMs to be inspected) | <input type="checkbox"/> Request exemption to permit vaccinations to small animals owned by my client(s) against rabies |
| <input type="checkbox"/> Companion Animal Mobile Office | <input type="checkbox"/> Equine Mobile ² |
| <input type="checkbox"/> Companion Animal Spay-Neuter Clinic | _____ (# of EMs to be inspected) |
| <input type="checkbox"/> Companion Animal Emergency Clinic | <input type="checkbox"/> Request exemption to permit vaccinations to small animals owned by my client(s) against rabies |
| <input type="checkbox"/> Remote Companion Animal Mobile | <input type="checkbox"/> Equine Emergency Mobile |
| <input type="checkbox"/> Poultry Service | _____ (# of EEMs to be inspected) |
| <input type="checkbox"/> Food Producing Animal Hospital | |
| Specialty Animal Hospital: <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Dentistry <input type="checkbox"/> Companion Animal Referral Hospital | |

¹ A Food-producing Animal mobile may treat both food producing animals and horses.

² An Equine Mobile may treat only horses.

REASON(s) for INSPECTION REQUEST and APPLICATION for ACCREDITATION:

Please check the reason(s) for this inspection request, and complete only those sections pertaining to the selected items below:

RENEWAL: The Certificate for the above accredited facility will **expire within 3 months**.

OPENING: I plan to open a **New Facility** to operate at the above address.

Proposed Date of Opening: _____

PURCHASE: I plan to purchase the facility at the above address.

NOTE: An inspection will not be booked until CVO receives written notice from the seller regarding the sale of the Facility. (To change the name of the purchased facility, please complete the Application for a Facility Name)

If Mailing address different from Practice address:

Street or R.R. No.: _____

City: _____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Projected Date of Sale: _____

RELOCATION: I plan to move the facility to the following new address:

Street or R.R. No.: _____

City: _____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Proposed Date of Relocation: _____

CHANGE of CATEGORY: I plan to change the facility's category

From: _____ to: _____ Date of Change: _____

(please see Classes of Facility Categories on pg.1 and use the abbreviation for the relevant category)

ADDITION of CATEGORY/IES: I plan to add the following facility categories to the practice:

_____ # _____ Date of Change: _____

(please see Classes of Facility Categories on pg.1 and use the abbreviation for the relevant category)

UNDERTAKING

I, _____, DVM, will be responsible for the facility, including ensuring that the facility is operated in accordance with the Act, the regulations and the facility standards established by the Council under section 8 of the Act, and

- i. Will ensure that only members will have responsibility for and control over all of the clinical and professional aspects of the provision of services through the facility, including maintaining the standards of practice of the profession;
- ii. Will hold a general licence or restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation, and
- iii. Will pay the inspection fee set out in the by-laws.

Signature of Applicant

You must also complete one of the following two portions of the Undertaking:

I am:

- the owner of, or a partner of, the practice conducted in the facility,

_____ Signature of Applicant

***** OR *****

- the owner of, or a partner of, the practice conducted in the facility and I have authorized the Applicant to give the above undertaking,

_____ Signature of Owner / Partner

Note: *if the Owner / Partner is not a licensed veterinarian, please explain how compliance with section 43 of the Regulation 1093 is being maintained.*

INSPECTION APPLICATION FEE GUIDE

Facility Name: _____ Date: _____

*** How to calculate the fees for Practices with more than one facility undergoing an inspection**

Hospital/Office/Clinic + 1 mobile = 1 Hospital/Office/Clinic fee + 1 “Multiple price” mobile fee
 Hospital/Office/Clinic + 2 or more mobiles = 1 Hospital/Office/Clinic fee + 1 “Full-price” Mobile fee + “Multiple price” mobile fee x # of mobiles

Examples:

Companion Animal Hospital + Companion Animal Mobile = \$127 + \$68* + \$187 admin fee
 Comp. Animal Hospital + Comp. Animal Mobile + Equine Mobile = \$127 + \$90 + \$68* + \$187 admin fee
 Equine Mobile + Equine Mobile = \$90 + \$68* + \$187 admin fee

TYPE of FACILITY(S)	# of FACILITY(S)		FULL PRICE FEE	*MULTIPLE PRICE FEE	
Companion Animal Hospital		@	\$127		\$
Companion Animal Office		@	\$104		\$
Companion Animal Mobile Office		@	\$104		\$
Companion Animal Mobile		@	\$90	\$68*	\$
Remote Area Companion Animal Mobile		@	\$90	\$68*	\$
Companion Animal Emergency Clinic		@	\$127		\$
Companion Animal Spay-Neuter Clinic		@	\$104		\$
Food-Producing Animal Hospital		@	\$127		\$
Food-Producing Animal Mobile		@	\$90	\$68*	\$
Equine Clinic		@	\$127		\$
Equine Mobile		@	\$90	\$68*	\$
Poultry Service		@	\$104		\$
Specialty Animal Hospital		@	\$127		\$
+ Accreditation Administrative Fee					+ \$187.00
			Sub-Total inc. facility inspection fees + admin fee		
			HST (13%)		
			TOTAL		

**PLEASE INCLUDE PAYMENT WITH APPLICATION
 TO AVOID LATE PAYMENT PENALTY OF \$112**

- Cheque (enclosed)
 VISA or MC _____ / _____ / _____ / _____ Exp ____ / ____
 (Once processed, credit card information will be immediately destroyed)



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