

## **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"/> Food Producing Animal Hospital            |
| <input type="checkbox"/> Companion Animal Office  | <input type="checkbox"/> Food Producing Animal Mobile <sup>1</sup> |
| <input type="checkbox"/> Companion Animal Mobile<br>_____ (# of CAMs to be inspected)       | <input type="checkbox"/> Equine Mobile <sup>2</sup>                |
| <input type="checkbox"/> Companion Animal Mobile Office<br>_____ (# of EMs to be inspected) | <input type="checkbox"/> Equine Emergency Mobile                   |
| <input type="checkbox"/> Companion Animal Emergency Clinic                                  | _____ (# of EEMs to be inspected)                                  |
| <input type="checkbox"/> Companion Animal Spay-Neuter Clinic                                | <input type="checkbox"/> Equine Clinic                             |
| <input type="checkbox"/> Remote Companion Animal Mobile                                     |  |
| <input type="checkbox"/> Poultry Service  |  |

Specialty Animal Hospital:  Ophthalmology  Dentistry  Companion Animal Referral Hospital

<sup>1</sup> A Food Producing Animal Mobile may treat both food producing animals and horses.

<sup>2</sup> 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**.

If in a Sharing Arrangement<sup>3</sup>, Please provide the following:

**Other Practice's Name:** \_\_\_\_\_

**Other Practice's Owner/Director:** \_\_\_\_\_

- 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, hereby confirm that I hold a general or restricted licence from the CVO, the conditions of which are in keeping with a certificate of accreditation for the above-named facility. I hereby undertake to accept responsibility for the operation of the above-named facility, ensuring that the facility meets all Minimum Standards for Veterinary Facilities and fully complies with the Veterinarians Act and Regulation 1093.

\_\_\_\_\_  
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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 A sharing arrangement might include veterinary facilities participating in sharing arrangements (e.g., space or equipment), those with divided locations or those associated with a university or college.

**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		\$
<b>+ Accreditation Administrative Fee</b>					<b>+ \$187.00</b>
			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)



Aneeta Bharij, Principal, Accreditation  
2106 Gordon Street  
Guelph, ON N1L 1G6  
Phone: 1- 800-424-2856 ext.2230  
Fax: 1- 888-662-9479  
Email: abharij@cvo.org