

# APPLICATION for INSPECTION of SATELLITE LOCATION for the PURPOSES OF REMOTE DISPENSING

DATE of APPLICATION: \_\_\_\_\_

DESIGNATED FACILITY DIRECTOR's NAME:

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FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

DESIGNATED FACILITY DIRECTOR'S EMAIL: \_\_\_\_\_

ADDRESS of SATELLITE LOCATION to be INSPECTED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

## **UNDERTAKING**

I, \_\_\_\_\_, DVM, will be responsible for the facility and satellite location, including ensuring that both are 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 of the College of Veterinarians of Ontario (CVO) will have responsibility for and control over all of the clinical and professional aspects of the provision of services through the facility and satellite location, 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,
- iii. Will ensure that the satellite location for the purposes of remote dispensing of drugs for animals is operated in accordance with the Accreditation Inspection Requirements, and
- iv. Will abide by the Satellite Location – Remote Dispensing - Acknowledgement and Undertaking.

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Signature of Designated Facility Director