



2303-001	Application Fee	\$ 25
2303-001	Premises Inspection Fee	200
2303-006	State Reg Fee	<u>10</u>
	Sub-Total	\$235
2303-001	Premises Permit Fee	<u>360</u>
	Total	\$595

**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF HEALTH LICENSURE AND REGULATION**  
**OFFICE OF HEALTH RELATED BOARDS**  
**665 MAINSTREAM DRIVE**  
**NASHVILLE, TN 37243**

**TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS**  
 (615) 532-5090 or 1-800-778-4123 ext.5325090  
<http://tn.gov/health/topic/vet-board>

**VETERINARY FACILITY PREMISES PERMIT APPLICATION**

**INSTRUCTIONS**

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a check or money order payable to the Tennessee Board of Veterinary Medical Examiners .  
 Fee: \$235 (Veterinarian Owned) or \$595 (Non-Veterinarian Owned) **All application fees are non-refundable.**

<b>Name of Facility:</b>	<b>Fax Number:</b> (    )	<b>Phone Number:</b> (    )
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<b>Facility Physical Address:</b>	Street	City	State	Zip Code
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<b>Facility Mailing Address:</b>	Street	City	State	Zip Code
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<b>Practice Owner:</b>	<b>Email Address:</b>	<b>Phone Number:</b> (    )
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<b>Address:</b>	Street/P.O. Box/RR#	City	State	Zip Code
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<b>Supervising Veterinarian:</b>	<b>Email Address:</b>	<b>License #:</b>	<b>Phone Number:</b> (    )
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<b>Address:</b>	Street/P.O. Box/RR#	City	State	Zip Code
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<u>Circle Type of Business Entity</u>	<u>Circle Type of Practice</u>	<u>Circle Type of Facility</u>
Veterinarian - (sole proprietorship)	Large Animal	Animal Medical Center
Veterinarian - (partnership)	Small Animal	Clinic
Partnership - (any partner not a licensed vet)	Mixed	Hospital
Corporation or other similar organization	Emergency	Mobile Facility
Limited Liability Company	Other _____	Retail Establishment

<b>Directions to Facility:</b>	<b>Office Hours:</b>
	Mon.
	Tues.
	Wed.
	Thurs.
	Fri.
	Sat.

List All Practice Owners/Shareholders (attach list if necessary)

Name:					Phone Number: (    )
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Phone Number: (    )
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Phone Number: (    )
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:					Phone Number: (    )
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

List All Veterinarians Practicing In Facility: (attach list if necessary)

Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

List All Veterinary Technicians Employed By Facility: (attach list if necessary)

Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	
Name:			Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code	

**TO BE COMPLETED BY THE FACILITY SUPERVISING VETERINARIAN**

I, \_\_\_\_\_, D.V.M., of \_\_\_\_\_  
(Supervising Veterinarian's Name) (City) (State)

affirm that I hold a valid and current license to practice veterinary medicine in Tennessee and that I am the supervising veterinarian for the facility listed on page one (1) of this application.

I affirm that no veterinary medical services shall be provided without the responsible supervision of a veterinarian licensed in Tennessee.

I affirm that I am accountable to the Board of Veterinary Medical Examiners for this facility's compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

I affirm that I will notify the Board of Veterinary Medical Examiners at least thirty (30) days prior to the effective date of any change in my status as the supervising veterinarian for this facility or any change in the veterinarians practicing at this facility as listed on page two (2) of this application.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
**SIGNATURE OF SUPERVISING VETERINARIAN**

\_\_\_\_\_  
DATE

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Affix Seal Here

My Commission expires \_\_\_\_\_