

## **Application for Statutory Register of Veterinary Practice Premises**

To register your premises please complete all relevant sections of this form and return it with your registration fee of £34.00. Please note the registration year for premises runs from 1 April to 31 March each year, your fee will now cover you until the 31 March.

Applications can only be accepted within four weeks of the premises opening date and are immediately liable for an inspection.

Please note we cannot accept handwritten forms. Apologies for any inconvenience.

1.	Premises Information						
	Premises name*						
	Premises address						
	Premises address						
	Village/ Suburb (if	This is to assist with our location services					
	City/ Town						
	County						
	Postcode						
	Premises contact						
	Premises email ad						
	Name of contact p	erson:					
	Position of contact	t person:					
2.		Add	itional Pre	mises Info	ormation		
	What type of premises is this?	Veterinary practice (open to the public to services or referrals	for veterinary		Research/ Medicine premises		
	(please ✓ one choice)	Animal charity (included homing centres)	cluding re-		Residential premises		
		Animal/ Wildlife/ Conservations Par	rks		Kennels and Catteries		
		Public health/ Foo Military	d hygiene/		Veterinary services		
		Greyhound stadiu	m		Racehorse track		
		Client stables			Veterinary practice premises (office facility only)		
3.	Date premises will be opening			/	/ 20		

4.	Are these premise	s part of a practice (	group?	Yes		No			
	If yes, please provide the name and address of your principal practice premises and list any branches:								
	Please note your a	Date Acquired (if applicable):  Please note your annual invoice for the Register of Veterinary Practice Premises will be sent to the Head Office of your practice group.							
		n the Practice Stand se complete questic		ne, or you a	re part of a gro	up that is ir	n the Pra	actice	
For a	all other applicants,	please move straigh	nt to questic	on 9					
5.	Species Type								
	Small Animal Equine Farm Animal Other (please specify)		Please indicate which species type for each practice premises site (use an addition sheet of paper if needed):					emises	
6.			Accreditation level						
	What	Core Standards							
	accreditation level do wish to obtain?	These standards are relevant to all veterinary practices and reflect mainly legal requirements which must be met in running a veterinary practice, together with guidance as set out in the RCVS Code for Professional Conduct.							
	You will be	General Practice							
	assessed for the accreditation level you require but you will be accredited to the level you achieve.	Reflects the requirements of primary care which aims to facilitate the achievement of high standards and encompasses many facilities required for veterinary nurse Training Practice (TP).							
		Equine Ambulatory GP							
	[Rule 2]	This recognises there are equine practices that provide a GP level service but do not have stabling facilities or premises where they are treated.							
		Veterinary Hospital							
		Reflects the requirer the investigations ar	s for						
		Emergency Services Clinic Small Animal							
		Animal Emergency	quirements of a designated out of hours provider. A Small Service Clinic must fulfil the requirements for a Small actice as well as additional ESC standards.						
		Emergency Service	ices Clinic Equine						
		These reflect the red Equine Emergency S Equine Core Standa	Service Clini	c must fulfil	the applicable re	quirements			

7.	PSS Awards							
	Awards can be obtained in more than more category.	To find out more about click here: https://www.standards/practice-standaccreditation-is-right-forto-apply/how-do-i-apply-	.uk/setting- heme/which- actice-and-ho	for (us	Please indicate which species type for each practice premises site (use an addition sheet of paper if needed):			
	Practice premises must achieve accreditation in their routine assessment before opting for an award.							
8.	Name of PSS conta	act person *Person who will be responsible for day-to-day PSS related responsibilities						
	PSS Contacts email address:  Must be work email address							
Name of Person(s) accountable for Compliance with PSS [Rule 16] Person in charge of the practice/practice group								
	Role of Accountable person(s) e.g., clinical director, practice manager							
9.	As a veterinary practice premises open to the public you will automatically be listed on the RCVS Find a Vet website (FAV) and the information below will be used by the public to contact you. To view the FAV website please visit <a href="mailto:findavet@rcvs.org.uk">findavet@rcvs.org.uk</a>							
	If you <u>do not</u> agree to your practice being listed on the FAV website please ✓ tick the box ☐ and move straight to question 13.							and
	How would you best describe your practice?	Mix of small and farm an and equine	of small and farm animals			mall animal		
	(please ✓ one)	Equine	quatic animals  rds		Farm a	rm animal		
		Aquatic animals			Exotic/	tic/ Wild Animals		
	Please tick all species of animals treated at this practice (please ✓)	Birds Cats Dogs Small mammals Deer			ats		Poultry Camelids Aquatic Exotic / Wild	
10.	Practice contact number for the FAV website					·		
11.	Practice email address for the FAV website							
12.	Practice website address for the FAV website							
13.		Thir	d part	y use of da	ata			
	Premises data is oc	casionally supplied to thir	d parties	s for non-statu	utory pur	poses (f	or example charital	ole use)
	If you do <b>not</b> agree to this please tick the box   Premises data is shared with the Veterinary Medicines Directorate (VMD). If you have any questions or concerns about this then please telephone the RCVS on 020 7202 0707.							
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13	<b>Declaration</b>
	I declare that the information given above is, to the best of my knowledge, correct:
	Name of Responsible Person:
	RCVS Register Number of Responsible Person:
	Position of Responsible Person:
	Signature of Responsible Person:
	Date:/

## Please select your payment method

☐ I would like to pay £34.00 via bank transfer. (If you would like to pay by Bank transfer please make the Registration Department aware when you submit your application form and we will provide you with a reference number in order that you can then pay.)

## **Contact Details**

Please return your completed form by email to <a href="mailto:registration@rcvs.org.uk">registration@rcvs.org.uk</a>

(Please note we can accept photographs of the form if you do not have access to a scanner).

Please note your fee will cover you until the 31 March, which is the end of the annual registration year. The registration year runs from the 1 April to 31 March each year. Whilst your premises remains on the Register of Veterinary Practice Premises you will automatically be invited to reregister your premises which you do by paying your premises fee by the 1 April each year.

The Veterinary Medicines Directorate (VMD) is responsible for ensuring compliance with the Veterinary Medicines Regulations (VMR), including the registration and inspection of veterinary practice premises. The VMD aims to inspect all premises within six months of first registration. The frequency of ongoing inspections can vary between 12 months and four years and is based on risk. For further information on this please visit the VMD website on www.gov.uk/guidance/registration-and-inspection-of-veterinary-practice-premises. The statutory fee for a VMD inspection of a veterinary practice premises is £350.00.

If a practice is in the Practice Standards Scheme (PSS) then a Practice Standards Inspector will carry out an inspection and ensure the practice is compliant with the VMR. For more information on the PSSscheme please visit www.rcvs.org.uk/setting-standards/practice-standards-scheme/