

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 £38.00. 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.

Please note that successfully pre-registering or registering a veterinary practice premises does not guarantee that the practice name is automatically compliant with all other professional obligations, for example, those relating to advertising in [Chapter 23](#) of the supporting guidance to the Code of Conduct. Please contact the Standards and Advice Team if you are in any doubt at advice@rcvs.org.uk or on 020 7202 0789.

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 Line 1				
	Premises address Line 2				
	Village/ Suburb (if applicable)		<i>This is to assist with our location services</i>		
	City/ Town				
	County				
	Postcode				
	Premises contact number				
	Premises email address				
	Name of contact person:				
	Position of contact person:				
2	Additional Premises Information				
	What type of premises is this? (please ✓ one choice)	Veterinary practice premises (open to the public for veterinary services or referrals)		Research/ Medicine premises	
		Animal charity (including re-homing centres)		Residential premises	
		Animal/ Wildlife/ Conservations Parks		Kennels and Catteries	
		Public health/ Food hygiene/ Military		Veterinary services	
		Greyhound stadium		Racehorse track	
		Client stables		Veterinary practice premises (office facility only)	
3	Date premises will be opening		_____ / _____ / 20_____		

4	Are these premises part of a practice group?		Yes		No	
	<p>If yes, please provide the name and address of your principal practice premises and list any branches:</p> <p>Date Acquired (if applicable):</p> <p><i>Please note your annual invoice for the Register of Veterinary Practice Premises will be sent to the Head Office of your practice group.</i></p>					
<p>If you are applying to join the Practice Standards Scheme, or you are part of a group that is in the Practice Standards Scheme, <u>please complete question 5- 8</u></p> <p>For all other applicants, <u>please move straight to question 9</u></p>						
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):			
6	Accreditation level					
	What accreditation level do wish to obtain? You will be assessed for the accreditation level you require but you will be accredited to the level you achieve. [Rule 2]	Core Standards 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.				
		General Practice 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 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 requirement above GP with additional facilities and protocols for the investigations and treatment of more complex cases.				
		Emergency Services Clinic Small Animal These reflect the requirements of a designated out of hours provider. A Small Animal Emergency Service Clinic must fulfil the requirements for a Small Animal General Practice as well as additional ESC standards.				
		Emergency Services Clinic Equine These reflect the requirements of a designated out of hours provider. An Equine Emergency Service Clinic must fulfil the applicable requirements at Equine Core Standards level, as well as additional ESC standards.				

7	PSS Awards																																															
	<p>Awards can be obtained in more than more category.</p> <p>Practice premises must achieve accreditation in their routine assessment before opting for an award.</p>			<p>To find out more about the Awards, please click here: www.rcvs.org.uk/setting-standards/practice-standards-scheme/which-accreditation-is-right-for-your-practice-and-how-to-apply/how-do-i-apply-for-pss-awards/</p>				<p>Please indicate which species type for each practice premises site (use an addition sheet of paper if needed):</p>																																								
8	<p>Name of PSS contact person *Person who will be responsible for day-to-day PSS related responsibilities</p> <p>PSS Contacts email address: Must be work email address</p> <p>Name of Person(s) accountable for Compliance with PSS [Rule 16] Person in charge of the practice/practice group</p> <p>Role of Accountable person(s) e.g., clinical director, practice manager</p>																																															
9	<p>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 findavet@rcvs.org.uk</p> <p>If you <u>do not</u> agree to your practice being listed on the FAV website please ✓ tick the box <input type="checkbox"/> and <u>move straight to question 13.</u></p> <table border="1"> <tr> <td rowspan="3">How would you best describe your practice? (please ✓ one)</td> <td colspan="2">Mix of small and farm animals and equine</td> <td></td> <td colspan="2">Small animal</td> <td></td> </tr> <tr> <td colspan="2">Equine</td> <td></td> <td colspan="2">Farm animal</td> <td></td> </tr> <tr> <td colspan="2">Aquatic animals</td> <td></td> <td colspan="2">Exotic/ Wild Animals</td> <td></td> </tr> <tr> <td rowspan="5">Please tick all species of animals treated at this practice (please ✓)</td> <td>Birds</td> <td><input type="checkbox"/></td> <td rowspan="5">Equine Pigs Cattle Sheep/ Goats</td> <td><input type="checkbox"/></td> <td rowspan="5">Poultry Camelids Aquatic Exotic / Wild</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cats</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dogs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Small mammals</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>										How would you best describe your practice? (please ✓ one)	Mix of small and farm animals and equine			Small animal			Equine			Farm animal			Aquatic animals			Exotic/ Wild Animals			Please tick all species of animals treated at this practice (please ✓)	Birds	<input type="checkbox"/>	Equine Pigs Cattle Sheep/ Goats	<input type="checkbox"/>	Poultry Camelids Aquatic Exotic / Wild	<input type="checkbox"/>	Cats	<input type="checkbox"/>	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	<input type="checkbox"/>	Small mammals	<input type="checkbox"/>	<input type="checkbox"/>	Deer	<input type="checkbox"/>	<input type="checkbox"/>
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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	<p>Third party use of data</p> <p>Premises data is occasionally supplied to third parties for non-statutory purposes (for example charitable use)</p> <p>If you do not agree to this please tick the box <input type="checkbox"/></p> <p>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.</p>																																															

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 £38.00 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 registration@rcvs.org.uk

(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 re-register 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.

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 PSS scheme please visit www.rcvs.org.uk/setting-standards/practice-standards-scheme/