

## **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.

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 contac	t person:					
2.	Additional Premises Information						
	What type of premises is this?	e premises for veterinary		Research/ Medicine premises			
	(please ✓ one choice)	Animal charity (including re- homing centres)			Residential p		
		Animal/ Wildlife/ Conservations Parks			Kennels and		
		Public health/ Foo Military	blic health/ Food hygiene/ litary		Veterinary se		
		Greyhound stadium			Racehorse track		
				Veterinary practice premises (office facility only)			
3.	Date premises will		/	// 20		_	
4.	Are these premises part of a practice		group?	Yes		No	
	If yes, please provide the name and address of your principal practice premises and list any branches:						
	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.						

If you are applying to join the Practice Standards Scheme, or you are part of a group that is in the Practice Standards Scheme, please complete question 5-8

For all other applicants, please move straight to question 9

5.	Species Type						
	Small Animal Equine Farm Animal Other (please spec	Please indicate which species type for each practice (use an addition sheet of paper if needed):	tice premises				
6.	Accreditation level						
	What accreditation level do wish to obtain?	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.					
	You will be assessed for the accreditation level you require but you will be accredited to the	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).					
	level you achieve.	Equine Ambulatory GP					
	[Rule 2]	This recognises there are equine practices that provide a GP level service do not have stabling facilities or premises where they are treated.	·				
		eterinary 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 Standard Emergency Service Clinic must fulfil the requirements for a Small Animal General Practice as well as additional ESC standards.	mall				

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.

**Emergency Services Clinic Equine** 

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	fo (u	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.							
	How would you best describe your practice?	t describe and equine			Small	nall animal		
	(please ✓ one)				Farm	animal		
					Exotic	c/ Wild Ani		
	Please tick all species of animals treated at this practice (please ✓)	Birds Cats Dogs Small mammals Deer		Equine Pigs Cattle Sheep/ Goa	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 a	bsite 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-stati	utory pı	urposes (fo	or example charitat	ole use)
	If you do <b>not</b> agree	If you do <b>not</b> agree to this please tick the box $\square$						
	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.						r	

13	Declaration					
	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 (if registered):					
	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 frequency of Inspections is determined using a risk-based approach. All registered premises will be inspected, with the most compliant inspected every 4 years. However, less compliant premises may be inspected more frequently. The statutory fee for a VMD inspection of a vet practice premise is £350. If a practice is in the Practice Standards Scheme (PSS) then a Practice Standards Inspector will be responsible for ensuring that the practice is compliant with the VMR during the PSS inspection.