

Removal from the Statutory Register of Veterinary Practice Premises

To remove your premises please complete all sections of this form and return it using the contact details below

Premises name		
Premises Registration Number		
	A copy of this will be on previous invoices ser	nt to you by RCVS
Premises address		
Date premises will be closing		
Please tell the reason you are closing your practice:		Please ✓ one option
Moving premises (please tell us the new address)		
Retirement		
I have sold my business (please tell us who you sold to)		
Unable to meet regulatory requirements		
Prefer not to say		
Other (please give details)		
Declaration		
There are no veterinary medicines being supplied, stored* or administered* from this premises.		
I declare that the information given above is, to the best of my knowledge, correct:		
Full name of Responsible Person:		
RCVS Register Number of Responsible Person:		
Signed by Responsible Person:		
Date:/		
* Please note medicines can still be stored and administered at an unregistered premises for own animal use as long as the veterinary surgeon is appropriately registered.		

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).