



Virginia Department of  
**Health Professions**  
Board of Veterinary Medicine

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**VETERINARY ESTABLISHMENT CLOSURE FORM**

Name of Veterinary Establishment		Registration Number	
Address of Veterinary Establishment		City	State
			Zip Code
Name of Veterinarian in Charge (VIC)		VIC's Email Address <input type="checkbox"/> Public or <input type="checkbox"/> Private	
VIC's License #:		VIC's Phone # <input type="checkbox"/> Public or <input type="checkbox"/> Private <input type="checkbox"/> Cell <input type="checkbox"/> Other	
<b>Expected Closing Date (10 day notice required):</b>			
<b>Regulation 18VAC150-20-181. Requirements for Veterinarian-in-charge</b>			
<p>A. The veterinarian-in-charge of a veterinary establishment is responsible for:</p> <p>4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.</p> <p>5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.</p> <p>C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:</p> <p>1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and</p> <p>2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.</p>			
Regulations link: <a href="#">Regulations Governing the Practice of Veterinary Medicine</a>			
Code of Virginia link: <a href="#">General Provisions Code of Virginia</a>			
<input type="checkbox"/> <b>Location or Records:</b>			
<input type="checkbox"/> <b>Disposition of Scheduled Drugs:</b>			

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

<b>Staff Data Entry:</b>
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