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CHANGE OF VETERINARIAN-IN-CHARGE FORM

Name of Veterinary Establishment			Registration Number	
Address of Veterinary Establishment			City	State
				Zip Code
Email to Receive Board Communication <input type="checkbox"/> Public <input type="checkbox"/> Private			Website (if available)	
Name of New Veterinarian-in-Charge (VIC)		VIC's License #	VIC's Phone # <input type="checkbox"/> Public <input type="checkbox"/> Private	
VIC's Email Address <input type="checkbox"/> Public <input type="checkbox"/> Private			Veterinary Establishment Phone #	
Effective date of change:				
ATTESTATION OF VETERINARIAN-IN-CHARGE: I _____ agree to serve as the Veterinarian-in-Charge at the establishment name herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations Governing the Practice of Veterinary Medicine (18VA150-20-10 et seq.) of the Virginia Board of Veterinary Medicine. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Veterinarian-in-Charge and agree to perform those duties. _____ Printed Name of New Veterinarian-in-Charge _____ Signature of New Veterinarian-in-Charge				
_____ Date				
Enclose a fee of \$40, make check or money order payable to the Treasurer of Virginia All fees are non-refundable				
Office Use Only				
APPLICANT #	Fee	Receipt #	Date Received	Registration #