

CHANGE OF VETERINARIAN-IN-CHARGE FORM

There is no online option available at this time.

Effective date of Change:			
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 Number:	VIC's Phone Number: <input type="checkbox"/> Public <input type="checkbox"/> Private	
VIC's Email Address: <input type="checkbox"/> Public <input type="checkbox"/> Private		Veterinary Establishment Phone Number:	

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 \$40.00, make check or money order payable to the "Treasurer of Virginia".
There is no online option available at this time.**

All fees are non-refundable

Office Use Only				
APPLICANT #	Fee	Receipt #	Date Received	Registration #