State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Veterinary Premise/Clinic Name Change Application
Form # DBPR VM12 ~~VM 12~~

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	TRANSACTION REQUIREMENTS
Premise/Clinic Name Change	❑ Complete this entire application. ~~❑ Pay $25 fee (make check payable to the Department of Business and Professional Regulation).~~

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. Application Instructions by section

a. Section I – Transaction Type

i. **Name Change**

a. Select this transaction if you need to update the premise/clinic name information.

b. Section II- Clinic Information

i. Fill out each section completely.
ii. Provide the clinic license number.
iii. Provide the current name of the clinic, hospital, or mobile unit.
iv. Provide the new name of the clinic, hospital, or mobile unit if the name has changed.
v. Provide the clinic, hospital, or mobile unit mailing address. This will be used for sending correspondence regarding your application and license.
vi. Provide a valid phone number, fax number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
~~vii. Please submit a fee of $25, payable to the Florida Department of Business and Professional Regulation.~~

c. Section III – Responsible Veterinarian Information

i) Provide the name, license number, Social Security number, address, and signature of the licensed veterinarian who is designated as the responsible veterinarian. The responsible veterinarian will provide professional supervision of the veterinary medical practice and ensure the minimum standards set by the Veterinary Board are followed.

~~c.~~d. Section ~~III~~ IV – Affirmation by Written Declaration

i. The applicant, owner, or responsible corporate representative must sign the affirmation by written declaration.

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For additional information see the Instructions at the end of this application.

Section I – Transaction Type

TRANSACTION TYPES
❑ **Premise/Clinic Name Change**

Section II – Premise/Clinic Information

CLINIC INFORMATION		
Clinic License Number		
Current Clinic Name		
New Name of Clinic (If different from current name)		
CLINIC MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Telephone Number	Fax Number	
Email Address		

Section III – Responsible Veterinarian Information

RESPONSIBLE VETERINARIAN INFORMATION		
Name		
License Number	Social Security Number*	
Street Address		
City	State	Zip Code (+4 optional)
Signature of Responsible Veterinarian:		Date:

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section ~~III~~IV– Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**	
Signature:	Date:
Print Name:	