

Oregon Veterinary Medical Examining Board

Facility License Application

Instructions: Please enter the information requested below and mail completed application and licensing fees to the **Oregon Veterinary Medical Examining Board**
800 NE Oregon Street, suite 407
Portland, Or. 97232

Facility: _____

Renewal: \$150.00 _____

Total Enclosed: _____

Facility Information:

Facility Name: _____

Location Information:

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Owner Information:

Owner: _____

Owner Type: (LLC, Partnership, Sole Proprietor, Corporation) _____

Facility Mailing Information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mail Phone: _____ Mail Fax: _____

Email: _____

Managing Veterinarian Information:

Managing Veterinarian: _____

Veterinarian License Number: _____

Facility Self Evaluation:

I hereby certify that this facility is compliant with the minimum facility requirements in OAR 875-15-0020 and OAR 875-15-0030 except as noted below:

NOTE: Non-compliant conditions should be noted here, including a plan and timeline for achieving compliance.

CERTIFICATION:

I, _____, certify that I am the duly authorized Managing Veterinarian of the above-named facility and that all information on this form is true and correct. I understand that making false or misleading statements in applying to the Board for licensure may be cause for disciplinary action.

Sign, date and return this form with licensing fees.

Signature of duly authorized person

Date Signed