

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Veterinary Medicine**  
**Application for a Limited-Service Veterinary Medical Practice Permit**  
**Form # DBPR VM 3**

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

| <b>APPLICATION REQUIREMENTS</b>  |
|--|
| <p><b>ALL License Applicants must submit:</b></p> <p><input type="checkbox"/> Complete this application.</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> <li>• \$250 for Limited-Service Medical Practice Permit</li> <li>• Make check payable to the Florida Department of Business and Professional Regulation.</li> </ul> <p><input type="checkbox"/> Read Rule 61G18-15.007, Florida Administrative Code, which outlines the minimum standards for a limited service practice.</p> <p><input type="checkbox"/> Each limited service clinic must be registered with the Florida Department of Business and Professional Regulation by name, address, date of clinic, time and duration <b>at least 28 days prior</b> to offering the clinic. To register clinics for limited service veterinary medical practice you must submit Form # DBPR VM 4- Limited-Service Veterinary Medical Practice Clinic Registration which can be found at <a href="http://www.myfloridalicense.com">www.myfloridalicense.com</a>.</p> <p><input type="checkbox"/> If the owner of the establishment is not a Florida-licensed veterinarian, the owner will have their name submitted by the department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions.</p> |

**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

**Limited-Service Veterinary Medical Practice**

A limited-service veterinary medical practice clinic is where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals and where the veterinarian may also perform preventative procedures for parasitic control.

| <b>MINIMUM STANDARDS FOR LIMITED-SERVICE VETERINARY MEDICAL PRACTICES</b><br><b>See Rule 61G18-15.007, 61G18-15.0071 and 61G18-15.0072 Florida Administrative Code for more information.</b>  |
|---|
| <p>All locations where limited-service veterinary medicine is practiced must comply with the following:</p> <ol style="list-style-type: none"> <li>1. Legible sign to identify permit holder and legible sign to identify veterinarian on site by name and license number.</li> <li>2. Clean safe location conducive to handling animals and consultations with the public.</li> <li>3. Meet local sanitation requirements.</li> <li>4. Display a copy of the limited-service clinic premise permit.</li> <li>5. Provide a list of the name, address and hours of operation of all facilities that provide or advertise emergency services, that are located within a 30-minute or 30-mile radius.</li> <li>6. Lined waste receptacle.</li> <li>7. A sink with fresh, clean running water for cleaning and first aid, disposable towels and soap within ten feet of the examination area. Sinks located in restrooms may not be used to satisfy this requirement</li> <li>8. Safe, clean examination work area constructed of a smooth impervious material.</li> <li>9. Storage of supplies and equipment to preclude public access.</li> <li>10. Separate area for clerical work.</li> </ol> |

**MINIMUM STANDARDS FOR LIMITED SERVICE VETERINARY MEDICAL PRACTICES**  
**See Rule 61G18-15.007, 61G18-15.0071 and 61G18-15.0072 Florida Administrative Code for more information.**

11. Proper handling of vaccinations, biologics, pharmaceuticals and supplies:
  - a. Facilities must be provided for proper storage, safekeeping and preparation of pharmaceuticals in accordance with federal, state and local laws.
  - b. Controlled substances must be kept in a locking, secure cabinet for storage.
  - c. Accurate controlled substance log must be maintained.
  - d. All pharmaceuticals and biologics maintained at the temperature recommended by the manufacturer in a refrigeration device that is powered by a stable energy source and is capable of maintaining a constant temperature.
12. Equipment must be of the type and quality to provide for the delivery of immunization and parasiticides in the best interest of the patient and with the safety of the public.
13. Each limited-service clinic must have the capacity to render emergency care for hypersensitivity reaction, anaphylaxis and immediate emergency care of injury to the animals in attendance at the clinic.
14. Sanitation equipment and solutions.
15. Proper bio-medical waste handling equipment, registration and procedures.
16. Clinics held for longer than four hours in any one day for any single location within the two week period must meet the following:
  - a. The limited service clinic must be held inside a climate controlled building which meet all local building and life safety ordinances;
  - b. The limited service clinic provider has been operating in such capacity in this State for no less than five years.
  - c. The limited service clinic provider has not had their license either suspended or revoked in this or any other state;
  - d. The limited service clinic provider possesses professional liability coverage in the amount of \$1,000,000 for each occurrence and \$2,000,000 in the aggregate as well as an umbrella policy of \$3,000,000 for each occurrence and \$3,000,000 in the aggregate.
  - e. All information required must be made available in electronic format within 24 hours of operation.
  - f. The following information must be posted on, or adjacent to, the entrance of the building where the clinic was held for forty-eight hours after the conclusion of the clinic:
    - i. The telephone number where emergency veterinary care can be obtained;
    - ii. The name and address of where a client can secure a copy of the patient's records;
    - iii. A phone number for consultation or referral for follow-up care and treatment in case of adverse reaction or failure of the regimen of therapy.

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**Form # DBPR VM 3**  
**[2603/1030]**

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

**Section I – Permit Ownership (Applicant) Information**

| PERMIT OWNERSHIP INFORMATION   |                         |                        |
|--|-------------------------|------------------------|
| Name   |                         |                        |
| Date of Birth (MM/DD/YYYY)      /      /   | Social Security Number* |                        |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Race (Optional)         |                        |
| Street Address   |                         |                        |
| City   | State                   | Zip Code (+4 optional) |
| Do you hold a current and active license to practice Veterinary Medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO |                         |                        |
| If "YES", provide license number: _____  |                         |                        |

NOTE: In accordance with Section 474.215(8), Florida Statutes, any person who is not a veterinarian licensed under this chapter, but who desires to own and operate a veterinary medical establishment, will have their name submitted by the department for a statewide criminal records correspondence check through the Department of Law Enforcement.

\* 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 II – Permit Information**

| PERMIT INFORMATION         |            |                        |
|----------------------------|------------|------------------------|
| Tax Identification Number: |            |                        |
| Permit Name:               |            |                        |
| Doing Business As (D/B/A): |            |                        |
| CLINIC MAILING ADDRESS     |            |                        |
| Street Address or P.O. Box |            |                        |
| City                       | State      | Zip Code (+4 optional) |
| CONTACT INFORMATION        |            |                        |
| Telephone Number           | Fax Number |                        |
| Email Address              |            |                        |
| RESPONSIBLE VETERINARIAN   |            |                        |
| Name:                      |            |                        |
| License Number:            |            |                        |



**Section III – Minimum Standards for Limited-Service Veterinary Medical Practices**

| <b>MINIMUM STANDARDS FOR LIMITED-SERVICE VETERINARY MEDICAL PRACTICES</b>   |   |
|---|---|
| Does the veterinary premise meet all of the applicable minimum standards for limited-service veterinary medical practice requirements established in Chapter 61G18-15 of the Florida Administrative Code? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**Section IV(a) – Background Question**

| <b>BACKGROUND QUESTIONS</b>   |  |  |
|---|--|--|
| If you answer “YES” to the question below, please refer to Section IV of Instructions for detailed instructions on providing a complete explanation, including requirements for submitting supporting legal documents. Please complete Section IV (b) if you respond “YES” to question 1. If you have more offenses/incidents to document in Section IV (b), attach additional copies as necessary. |  |  |
| 1.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO.” YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. |

**Section IV (b) – Explanation(s) for Background Question 1**

| <b>EXPLANATION</b>                  |  |
|-------------------------------------|--|
| Offense                             |  |
| County                              | State  |
| Penalty/Disposition                 |  |
| Date of Offense (MM/DD/YYYY)<br>/ / | Have all sanctions been satisfied?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description                         |  |
|                                     |  |
|                                     |  |
|                                     |  |

**Section V – Affirmation by Written Declaration**

| AFFIRMATION BY WRITTEN DECLARATION   |       |
|--|-------|
| <p>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. <b>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.</b></p> |       |
| Signature:   | Date: |
| Print Name:  |       |

## 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) Requirements for a Limited-Service Veterinary Medical Practice Permit

- a) All limited-service veterinary medical practice clinics must have a licensed veterinarian that will be responsible for the management of the clinic.
- b) If the owner of the limited service permit is not a Florida-licensed veterinarian, the owner will have their name submitted by the Department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.
- c) Each limited service clinic must be registered with the Florida Department of Business and Professional Regulation by name, address, date of clinic, time and duration **at least 28 days prior** to offering the clinic. To register clinics for limited service veterinary medical practice you must submit Form # DBPR VM 4- Limited-Service Veterinary Medical Practice Clinic Registration, which can be found at [www.myfloridalicense.com](http://www.myfloridalicense.com).
- d) For more information regarding the minimum standards for limited-service veterinary medical practice please refer to [Chapter 61G18-15 of the Florida Administrative Code](#).

### 2) Application Instructions by section

#### a) Section I- Limited Service Permit Ownership (Applicant) Information

- i) Provide the name, date of birth, Florida veterinary medicine license number, Social Security number, gender and address for the owner of the veterinary premise. Race is an optional field.
- ii) **Note:** If the owner of the limited service permit is not a Florida-licensed veterinarian, the owner will have their name submitted by the department for a statewide criminal records correspondence check through the Florida Department of Law Enforcement.

#### b) Section II- Permit Information

- i) Fill out each section completely.
- ii) Applicants must provide the Tax Identification Number for the organization/clinic that will operate under the permit. (Federal Employer Identification Number or Social Security number, as applicable.) See [www.irs.gov](http://www.irs.gov) for more information.
- iii) The "Doing Business As" (D/B/A) name must be provided as it is registered with the Florida Division of Corporations, if the organization/clinic uses a fictitious name to conduct business.
- iv) Enter the mailing address of the organization. This may be a post office box.
- v) 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.
  - (1) Enter the name of the contact person for the organization/permit. This should be an officer, partner, or member manager of the organization/permit able to answer questions regarding this application.
  - (2) Provide a valid phone number and email address so that the Department may contact you regarding your application or license.
- vi) Provide the name and license number of the Responsible Veterinarian.

#### c) Section III- Minimum Standards for Limited-Service Veterinary Medical Practices

- i) Answer whether or not the proposed limited-service veterinary medical practice clinic meets the minimum standards for limited-service veterinary medical practice requirements established in Chapter 61G18-15 of the Florida Administrative Code.

#### d) Section IV (a) and (b) - Background Question.

- i) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
- ii) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

#### e) Section V – Affirmation by Written Declaration

- i) The applicant must sign the affirmation by written declaration.