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

APPLICATION REQUIREMENTS

ALL Applicants must submit:

- Complete this application.
- Fees:
  - $25 for each limited-service medical practice clinic registration.
  - Make check payable to the Florida Department of Business and Professional Regulation.

- 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.
- The registration is valid through May 31 of each year, regardless of when the clinic was operational.
- Read Rule 61G18-15.007, Florida Administrative Code, which outlines the minimum standards for a limited service practice.

Effective October 1, 2019 Limited Service Clinics can offer microchipping services in addition to vaccinations/immunizations and parasitic control.

Clinics held inside climate controlled buildings may be held up to 2 days per week for up to 8 hours per day. All other clinic locations are limited to once every two weeks and no more than four hours in any one day for any single location.

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, immunizations against disease and/or microchipping on multiple animals and where the veterinarian may also perform preventative procedures for parasitic control.

MINIMUM STANDARDS FOR LIMITED-SERVICE VETERINARY MEDICAL PRACTICES


All locations where limited-service veterinary medicine is practiced must comply with the following:

1. Legible sign to identify permit holder and legible sign to identify veterinarian on site by name and license number.
2. Clean safe location conducive to handling animals and consultations with the public.
3. Meet local sanitation requirements.
4. Display a copy of the limited-service clinic premise permit.
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.
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.
8. Safe, clean examination work area constructed of a smooth impervious material.
9. Storage of supplies and equipment to preclude public access.
10. Separate area for clerical work.
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.


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.
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.

USE A SEPARATE PAGE FOR EACH LOCATION

Section I – Permit Holder Information

<table>
<thead>
<tr>
<th>LIMITED-SERVICE VETERINARY MEDICAL PRACTICE PERMIT HOLDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Holder Name:</td>
</tr>
<tr>
<td>Permit Number:</td>
</tr>
</tbody>
</table>

Section II – Clinic Information

<table>
<thead>
<tr>
<th>CLINIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Site/Name:</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code (+4 optional)</td>
</tr>
<tr>
<td>Do you plan to hold the clinic for longer than four hours?</td>
</tr>
</tbody>
</table>

If “Yes”, do you have 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? ☐ Yes ☐ No

Please check the box that applies:

☐ Clinic will be located inside a climate controlled building. [IN]

☐ Clinic will be located outdoors or in a building without climate control. [OUT]

Clinics held inside climate controlled buildings may be held up to 2 days per week for up to 8 hours per day. All other clinic locations are limited to once every two weeks and no more than four hours in any one day for any single location.

For clinics located inside a climate controlled building, will the clinic have weekly, recurring regular hours of operation? ☐ Yes ☐ No

If Yes, please check each day of the week the clinic is open and indicate the hours of regular operation below.

<table>
<thead>
<tr>
<th>Day(s) of the Week</th>
<th>Hours of Operation (up to 2 days per week for up to 8 hours per day). Be sure to indicate a.m. or p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sunday</td>
<td>Open from: to (Ex: Open from: 9:00 a.m. to 5:00 p.m.)</td>
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<tr>
<td>☐ Monday</td>
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<td>☐ Tuesday</td>
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<td>☐ Wednesday</td>
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<td>☐ Thursday</td>
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<td>☐ Friday</td>
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<td>☐ Saturday</td>
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</table>
CLINIC OPERATION

If clinic location is currently registered, please go online to myfloridalicense.com or use form VM 5 to update dates and times.

Clinics that do not have weekly recurring regular hours of operation please indicate the dates and times below. Additional dates and times may be added once the clinic is approved; go online to myfloridalicense.com or use form VM 5.

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
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Section III – 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:
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 Clinic
   a) All limited-service veterinary medical practice clinics must have a licensed veterinarian that will be responsible for the management of the clinic.
   b) Each limited-service veterinary medical practice 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.
   c) The registration is valid through May 31 of each year, regardless of when the clinic was operational.
   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 - Permit Holder Information
      i) Provide the name of the limited-service veterinary medical practice permit holder.
      ii) Provide the limited-service veterinary medical practice permit number.
   b) Section II - Clinic Information
      i) Fill out each section completely.
      ii) Provide the name and address of the location where the clinic will be operating.
      iii) Provide the dates and hours of operation for the clinic.
   c) Section III – Affirmation by Written Declaration
      i) The applicant must sign the affirmation by written declaration.