

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Veterinary Medicine**  
**Limited-Service Veterinary Medical Practice Clinic Updates**  
**Form # DBPR VM 5**  
**[2607/9006]**

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.**

This form is only to be used by currently registered clinics, in order to update clinic dates and times.

**USE A SEPARATE PAGE FOR EACH LOCATION**  
**(or register online at [www.myfloridalicense.com](http://www.myfloridalicense.com))**

**Section I – Permit Holder Information**

LIMITED-SERVICE VETERINARY MEDICAL PRACTICE PERMIT HOLDER INFORMATION	
Permit Holder Name:	
Permit Number:	

**Section II – Clinic Information**

CLINIC LOCATION INFORMATION		
Location Site/ Name:	Clinic ID Number:	
CLINIC OPERATION		
Date	Start Time	End Time

\* 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 – Affirmation by Written Declaration**

<b>AFFIRMATION BY WRITTEN DECLARATION</b>	
<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 Clinic Registration**
  - a) All limited-service veterinary medical clinics must have a licensed veterinarian that will be responsible for the management of the clinic.
  - b) 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.
  - 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.
    - 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 of the location where the clinic will be operating.
    - iii) Provide the clinic identification number.
    - iv) 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.