Department of Business and Professional Regulation
Board of Veterinary Medicine
2601 Blair Stone Road
Tallahassee, Florida 32399-0787

Veterinary Establishment Inspection

Name of Veterinary Establishment:

Street Address: _________________________________________________

City:_______________________________________ State:______________

County:_________________________________ Zip Code:______________

Veterinary Establishment Permit Number:_____________________________

Date of Inspection:_______________________________________________

Please remit your check for $60 for your (CHECK ONE: )

☐ Periodic Inspection

☐ Board Requested Reinspection Date of reinspection:_______________________

Responsible Veterinarian Signature: ______________________________________________

Signature of Inspector:_________________________________________________________________

61G18-12.013 Periodic Inspection Fee. The fee to be charged for the periodic inspection of veterinary establishments possessing a premise permit or mobile clinic permit shall be $60. The fee to be charged for any reinspection of an establishment as a result of deficiencies noted at the time of the periodic inspection shall be $60 for each reinspection. Specific Authority 474.206, 474.2065, 455.219 F.S. Law Implemented 474.2065, 474.215, 455.219, F.S. History - New 10/13/85, Formerly 21X-12.13, Amended 11/2/88, 7/14/91, Formerly 21X-12.013.

Please make check payable to: Department of Business and Professional Regulation

2601 Blair Stone Road
Tallahassee, Florida 32399-0750

This form must be returned with your check
Please record VE Permit Number on your check