



**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: _____

FOR OFFICE USE ONLY

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

SAMPLE