

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Veterinary Premise/Clinic Name Change
Form # DBPR VM 12

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

TRANSACTION	TRANSACTION REQUIREMENTS
Premise/Clinic Name Change	<input type="checkbox"/> Complete this entire application. <input type="checkbox"/> Pay \$25 fee (make check payable to the Department of Business and Professional Regulation).

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

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. Application Instructions by section

a. Section I – Transaction Type

i. Name Change

- a. Select this transaction if you need to update the premise/clinic name information.

b. Section II- Clinic Information

- i. Fill out each section completely.
- ii. Provide the clinic license number.
- iii. Provide the current name of the clinic, hospital, or mobile unit.
- iv. Provide the new name of the clinic, hospital, or mobile unit if the name has changed.
- v. Provide the clinic, hospital, or mobile unit mailing address. This will be used for sending correspondence regarding your application and license.
- vi. Provide a valid phone number, fax number and email address. 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.
- vii. Please submit a fee of \$25, payable to the Florida Department of Business and Professional Regulation.

c. Section III – Affirmation by Written Declaration

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

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Section I – Transaction Type

TRANSACTION TYPES
<input type="checkbox"/> Premise/Clinic Name Change

Section II – Premise/Clinic Information

CLINIC INFORMATION		
Clinic License Number		
Current Clinic Name		
New Name of Clinic (If different from current name)		
CLINIC MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
CONTACT INFORMATION		
Telephone Number	Fax Number	
Email Address		

Section III– 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. 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.</p>	
Signature:	Date:
Print Name:	

