



**ALBERTA VETERINARY MEDICAL ASSOCIATION**  
**2009 APPLICATION FOR NEW PRACTICE / FACILITY APPROVAL**

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DATE: \_\_\_\_\_

To The Registrar:

I hereby make application for practice / facility approval with the Alberta Veterinary Medical Association, and in this regard I submit the following information:

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**1. The name of the practice / facility requested**

*(This name must be forwarded to the ABVMA PIPS COMMITTEE for approval. It is recommended that you do not proceed with signage, stationary, etc until you receive written notification that your name has been approved).*

\_\_\_\_\_  
\_\_\_\_\_

**2. Provide a brief description of practice (species, services and objectives etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Proposed opening date**

*(Please list as Month, Day and Year).*

\_\_\_\_\_

**4. Will diagnostic radiography be provided?**

Yes                      No

*(If so, equipment must be inspected by an authorized inspection agency prior to its use and the inspection report must be submitted to the ABVMA Office).*

**5. Please list practice / facility mailing address**

*(Please indicate mailing address, city province, and postal code).*

\_\_\_\_\_  
\_\_\_\_\_

**6. Please list physical location address of practice / facility**

*(Please indicate physical address, city, province, and postal code).*

\_\_\_\_\_  
\_\_\_\_\_

**7. Practice / Facility contact numbers**

\_\_\_\_\_  
*Business Phone Number (including area code)*

\_\_\_\_\_  
*Business Fax Number (including area code)*

**8. Practice / Facility email and website addresses**

\_\_\_\_\_  
*Business Email Address*

\_\_\_\_\_  
*Business Website Address*

**9. List all owners of the practice / facility (individuals and corporations)**

*(Please Note: If owner is a corporation, you must have a Permit to Practice. If so, please complete the Application By Corporation for "Permit to Practice Veterinary Medicine".)*

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**10. List all Veterinarians hired for this practice / facility effective as of the date of this application**

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**11. List all Animal Health Technologists/auxiliary staff hired for this practice / facility effective as of the date of this application**

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**12. Please include any other documentation as relevant to this application**

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**Please keep in mind that the approval process can take up to six weeks.** To ensure timely processing of this application we ask that you provide all necessary information as stated. Incomplete applications will result in a delay of processing. Please contact our office within 3 weeks of submission regarding the status of your application. Please be sure to include with your application, the following information:

- An Application Fee of **\$203.16** (GST Included) – required for all new practices
- Annual PIPS Inspection Fee of **\$191.47** (includes GST) – required for all facilities
- Radiation fee (if applicable) of **\$89.16** (includes GST) – required for all facilities with radiation equipment

**Please note:** all forms are available on the ABVMA [website@www.avma.ab.ca](http://www.avma.ab.ca)  
**APPLICATION FEE OF \$203.16 MUST BE SUBMITTED PRIOR TO PROCESSING**  
**VISA / M.C. #** \_\_\_\_\_  
**EXPIRY DATE** \_\_\_\_\_

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Please return all documentation to the:  
**Alberta Veterinary Medical Association,**  
**950 Weber Centre, 5555 Calgary Trail NW, Edmonton, Alberta, T6H 5P9**  
**Phone: (780) 489-5007 Fax: (780) 484-8311**

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