

Humane Society/Animal Care and Control Agencies to Provide Limited Veterinary Services Application Packet

Contents:

1. 672-067.....Contents List and Mailing Information 1 page
2. 672-068.....Application Instruction Checklist..... 2 pages
3. 672-069.....Humane Society/Animal Care and Control
Agency Registration Application 2 pages
4. RCW/WAC and Online Web Site Links..... 1 page

In order to process your request:

**Mail your application with initial
documentation and your check
or money order payable to:**

Department of Health
PO Box 1099
Olympia, WA 98507-1099

**Send other documents not sent
with initial application to:**

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

(This page intentionally left blank.)

Application Checklist and Instructions

When your application for expired reactivation of your credential for humane society/animal care and control agencies to provide limited veterinary services is received by the Department of Health, you will be sent a letter noting receipt, and any outstanding documentation needed to complete the process.

Please indicate type of application—new, change of ownership, name change only.

- **New**—First time requesting a humane society humane society/animal care and control agencies.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed agency.
- **Name Change Only**—fee is required, and current name of facility.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fee: You can check the online [fee page](#) for current fees.

1: Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI #'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have one.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web site.

Physical Address: Enter the agency's physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2: Facility Specific Information:

Check One: Check whether you are an animal care and control agency or a humane society.

Background Questions: Check yes or no. If you answer yes, list and explain on a sheet of paper.

3: Contact Information:

Contact Person: Enter the contact person's name, phone number, fax number, email address, and date of employment.

4: Additional Information:

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change, and physical address.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate offices, partners, members, managers, ect. Attach additional pages if you need more space.

Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

[WAC 246-12-060](#) How to obtain an initial business credential. An initial credential for a business is issued once all eligibility requirements are met. To obtain credential, the business must:

- Pay all applicable application and license fees.
- Submit an application on forms approved by the secretary.
- Submit supporting documentation required by the regulatory entity.

Renewal of your entity registration is due on August 1 each year. The current renewal fee is posted on our online [fee page](#). Reminder notices are sent out to the address we have on file. Please notify the Office of Customer Service at 360.236.4700 if you have an address change.

Date
Stamp
Here

Fees (Check all that apply)
<input type="checkbox"/> New Registration <input type="checkbox"/> Expired Registration <input type="checkbox"/> Duplicate Registration Check the online fee page for current fees. <p style="text-align: center;">All fees are nonrefundable</p>

Revenue: 0283050000

Human Society/Animal Care and Control Agency Registration Application

This is for: New Change of Ownership
 Name Change Only – Current Facility Name

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #		
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Website)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Mailing Address (If different than physical address)			
City	State	Zip Code	County

2. Facility Specific Information

Check one

Animal Care and Control Humane Society

Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?
If yes, list and explain on a separate sheet of paper.

3. Contact Information

Contact Person Name	Phone (enter 10 digit #)	Email Address
Title		
Veterinarian(s)	License Number	Date of Employment

4. Additional Information

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous License #	Effective Date of Ownership Change
Physical Address		

Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information submitted is true to the best of my knowledge and belief.

Signature Owner/Authorized Representative

Date

Print name

Print title



RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Veterinary Medicine, Surgery and Dentistry	<u>RCW 18.92</u>
Veterinary Board of Governors	<u>WAC 246-933</u>

On-Line

AIDS Training Resources	<u>Reference page</u>
Veterinary Board of Governors	<u>Web page</u>