



COMPANION ANIMAL TEMPORARY CLINIC FORM FOR PROFIT CLINIC APPLICATION

Companion Animal Temporary Clinic license allows for the provision of veterinary services to communities while maintaining professional and practice standards, thus protecting the public. The intent of the surgical component of the Companion Animal Temporary Clinic is to make elective surgeries available in areas requiring these services. A separate application is required for each clinic.

Clinics are a maximum of 7 consecutive days for duration.

**THIS FORM MUST BE SUBMITTED TWO WEEKS PRIOR TO THE STARTING DATE
OF THE PROPOSED CLINIC**

I, Dr. _____ (*please print*) undertake to operate a Companion Animal Temporary Clinic providing service in the following community in the Province of Manitoba.

Location: _____ Date: _____

Please note existing veterinary clinic/hospital within 250 km radius of this location must give permission for this application at least six (6) weeks prior to the date of the proposed clinic.

Veterinary clinics within a 250 km radius of the proposed clinic and date advised (*provide a list of all clinics advised and use additional page(s) if necessary*):

Clinic name: _____ Date approved: _____

Clinic name: _____ Date approved: _____

Clinic name: _____ Date approved: _____

I undertake to ensure that:

- 1) I am currently licensed to practice veterinary medicine in the Province of Manitoba and am currently associated with a facility licensed as a Small Animal Clinic/Hospital/Ambulatory.

Name of Clinic/Hospital/Ambulatory practice: _____

- 2) The equipment and supplies that are to be taken to the community have been inspected and are currently certified and compliant as part of the PIPS inspection of the Small Animal Clinic/Hospital/Ambulatory practice as named in (1).
- 3) The structure from where the veterinary services are to be provided will properly serve the public so that there is adequate lighting, ventilation, heating/cooling, cleanliness and accessibility.
- 4) Adequate post-operative care is provided. This requires the attending veterinarian to remain in the community for a minimum of 12 hours after completion of the last surgical procedure. Following this period, the attending veterinarian or another veterinarian from their practice, must be reasonably available for telephone consultation/follow-up for at least 4 weeks following each visit.

Contact veterinarian: _____ Phone number: _____

- 5) The veterinarian or delegate will coordinate appointments and provide contact with the attending veterinarian between visits.
- 6) Adequate commercial liability insurance is carried.

Note that all claims in this application may be audited by the MVMA.

PAYMENT OPTIONS (MVMA GST #R107660946)

There is a \$75.00 + GST administration fee payable to the MVMA two weeks prior to clinic date

Cheque enclosed in the amount of **\$78.75** made payable to the Manitoba Veterinary Medical Association

Credit Card Payment in the amount of **\$78.75** Visa MasterCard

Card # _____ Name on Card _____

Expiry Date _____ Signature _____

I understand that the provision of false information in any part of this document is professional misconduct. I hereby certify that all of the information contained herein is true, correct and complete.

Date: _____ Veterinarian's Signature _____

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