



## COMPANION ANIMAL TEMPORARY CLINIC FORM NOT-FOR-PROFIT ORGANIZATION 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**

Organization Name: \_\_\_\_\_

**Non Profit Declaration** (choose one of the following):

As a registered charity or not-for-profit organization, I have attached for the MVMA, a registered charity number or not-for-profit articles of incorporation.

As a registered charity or not-for-profit organization, I have previously provided the MVMA with an up-to-date registered charity number or not-for-profit articles of incorporation on this date: \_\_\_\_\_.

I will advise all veterinary clinics within a 250 km radius of this proposed clinic, date of the clinic and the name of the attending veterinarian at least one week before the date of the clinic.

Organization Representative: \_\_\_\_\_ *(please print)*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Veterinarian Declaration**

I, Dr. \_\_\_\_\_ *(please print)* undertake to operate a Companion Animal Temporary Clinic providing service in the following community in the Province of Manitoba with the above named organization.

Location: \_\_\_\_\_ Date: \_\_\_\_\_

### **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 \$35.00 + GST administration fee payable to the MVMA two weeks prior to clinic date**

- Cheque enclosed in the amount of **\$38.75** made payable to the Manitoba Veterinary Medical Association
- Credit Card Payment in the amount of **\$38.75**       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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