



# SPECIALTY CLINICS NOTIFICATION

The MVMA's Practice Inspection and Practice Standards Bylaws require veterinarians to notify the MVMA about a specialty clinic prior to the event being held.

A specialty clinic is a type of veterinary practice that provides for i) the examination, diagnosis and/or treatment of animals, and/or ii) consultation with clients regarding their animals, on the basis of an off-premise event. To qualify for a specialty clinic the practice must also have a Small Animal Ambulatory Practice Inspection. A specialty clinic encompasses ophthalmology, preventative health and rabies clinics or other similar types of relevant practice. There is a \$60.00 plus GST administrative fee due to the MVMA in advance of the event. Two-week advance notice required. The sponsoring veterinarian must complete this form and mail or fax it along with a cheque or credit card # to the MVMA office.

1) Describe the type of event, service and/or procedures to be performed at this specialty clinic:

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

2) Street address where specialty clinic will occur:

City: \_\_\_\_\_ Phone number for more information: \_\_\_\_\_

Fax: \_\_\_\_\_ Sponsoring veterinarian name: \_\_\_\_\_

Name of consulting veterinarian (if applicable): \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

*As the sponsoring veterinarian of this specialty clinic, I have read and I am familiar with the Manitoba Veterinary Medical Association requirements and by-laws pertaining to the holding of a specialty clinic and I hereby consent to abide by and conform with all of the standards of practice for specialty clinics during the preparation and holding of the specialty clinic event detailed above.*

Date \_\_\_\_\_ Sponsoring veterinarian's signature \_\_\_\_\_

Cheque enclosed

Charge \$60.00 plus GST to my  Visa  MasterCard

Credit card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

Date MVMA notified: \_\_\_\_\_ MVMA staff signature: \_\_\_\_\_