



# PIPS Clinic Information Form

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

Practice name (as to appear on certificate): \_\_\_\_\_

Director or principal owners: \_\_\_\_\_

Practice address: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Clinic email address (to be used to send PIPS information to) \_\_\_\_\_

Veterinarians (inc. part-time)	School	Year
1.		
2.		
3.		
4.		
Accompanied on visit by: _____		

**Type of practice (check all that apply):**

<input type="checkbox"/> Large animal hospital/clinic	<input type="checkbox"/> Large animal ambulatory	<input type="checkbox"/> Small animal hospital/clinic
<input type="checkbox"/> Small animal ambulatory	<input type="checkbox"/> Small animal emergency hospital	<input type="checkbox"/> Embryo transfer facility
<input type="checkbox"/> Consultative	<input type="checkbox"/> Ferret spay/neuter/descending	<input type="checkbox"/> Other

Hospital's hours: \_\_\_\_\_ Doctor's hours: \_\_\_\_\_

Animal health technologists	School	Year
1.		
2.		
3.		
4.		

<b>Affadavit:</b> <i>I hereby certify that the information on this page is true and correct to the best of my knowledge.</i>	
_____ Owner or legal representative	_____ Inspector