



## PIPS INSPECTED PRACTICE INFORMATION UPDATE FORM

This form is to be used by a PIPS Inspected Practice on an annual basis to update its information and confirm which information it would like to be published.

<b>Name of PIPS Inspected Practice:</b>
<b>Name of Veterinarian or Veterinary Technologist completing the form:</b>

### PART A

The information contained in this section will be used for the following:

- Communication with the PIPS Inspected Practice for upcoming inspections
- Communication with the PIPS Inspected Practice about correcting deficiencies
- Communication with the PIPS Inspected Practice to collect information requested in complaints

This information will **not** be published to the public at large; however, it will be shared within the MVMA office and to MVMA contractors in the enforcement of *The Veterinary Medical Act*, the MVMA's By-Laws and Code of Ethics.

1. Contact Person Name	<b>No changes</b>	<b>Changes as detailed below</b>
2. Contact Telephone Number	<b>No changes</b>	<b>Changes as detailed below</b>
3. Contact Email Address	<b>No changes</b>	<b>Changes as detailed below</b>

## PART B

The information contained in this section will be used for the following:

- To compile an accurate list of which members provide service in each PIPS Inspected Practice
- To populate the data for the MVMA's "Find a Vet" Feature on the MVMA website
- To populate the data for the MVMA Membership Directory & Resource Guide

The information in Box 1, Box 3, and Box 4 will be published in various MVMA publications.

The information in Box 8 and Box 9 will be published based on the individual publishing choices that each individual Member made at the time of application or renewal (whichever is most recent).

The information in Box 5, Box 6 and Box 7 will **only** be published if you check the "Publish" box in the third column.

	<b>Current information on file</b>		<b>Publishing permission/description</b>
1. Practice Name	No changes	Changes as detailed below	This information will be published
2. Practice Type	No changes	Changes as detailed below	This information will not be published
3. Practice Address	No changes	Changes as detailed below	This information will be published
4. Practice Telephone	No changes	Changes as detailed below	This information will be published
5. Practice Email Address	No changes	Changes as detailed below	<b>Publish</b> <b>Do NOT publish</b>

6. Practice Fax	No changes	Changes as detailed below	<b>Publish</b> <b>Do NOT publish</b>
7. Practice Website	No changes	Changes as detailed below	<b>Publish</b> <b>Do NOT publish</b>
8. Veterinarians providing service through the Practice	No changes	Changes as detailed below	Will be published based on the individual publishing choices of each individual Member
9. Veterinary Technologists providing service through the Practice	No changes	Changes as detailed below	Will be published based on the individual publishing choices of each individual Member

*I hereby certify that all of the information contained herein is true, correct and complete.*

Electronic signature of an MVMA member on behalf of the PIPS Inspected Practice (type name):

\_\_\_\_\_ Date \_\_\_\_\_

**Please save your changes to this form and return this form via email to [mvmainfo@mvma.ca](mailto:mvmainfo@mvma.ca).**

**Manitoba Veterinary Medical Association**

1590 Inkster Blvd. Winnipeg, MB R2X 2W4  
Toll-Free (Manitoba): 1-866-338-MVMA (6862)  
Phone: 204-832-1276  
Fax: 204-832-1382  
[www.mvma.ca](http://www.mvma.ca)

