



# PIPS Self-Inspection Reporting Form

**PIPS Inspected Practice Name:** \_\_\_\_\_

**Date of Self-Inspection:** \_\_\_\_\_

**Name of Veterinarian Responsible for Inspection:** \_\_\_\_\_

**Other Persons Present at Inspection:** \_\_\_\_\_

**PART A)** This Self-Inspection is being completed because:

<input type="radio"/> <b>I am opening a new practice</b> Anticipated open date: _____	<input type="radio"/> <b>The practice has changed locations</b> Date of location change: _____
<input type="radio"/> <b>There has been a change in ownership of the practice:</b> Date of change of ownership: _____	<input type="radio"/> <b>The practice is due for a regular (3 year) inspection and is authorized to complete a self-inspection</b>
<input type="radio"/> <b>The practice has had renovations</b> Date of renovations completed: _____	<input type="radio"/> <b>The practice has added the following new practice types:</b> 1. _____ 2. _____ 3. _____

**PART B) Self-inspection**

To complete a Self-Inspection, the Practice owner or representative for all of the owners, must inspect the Practice for each applicable by-law under The Practice Inspections and Practice Standards By-laws (available on the MVMA website at <https://www.mvma.ca/legislation-and-by-laws/>). For each by-law where the practice is not in compliance with the specific by-law, the practice owner must report same in the table included on the following page. Attach an additional page if required.

<input type="radio"/> During the inspection no deficiencies were identified.	<input type="radio"/> During the inspection deficiencies were identified. I have completed the Deficiencies Report.
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*Please check one*

**PART C) Practice Owner Undertaking**

As Owner of, or as a representative for all of the Owners (including myself) of \_\_\_\_\_ (name of clinic), I hereby undertake to correct any deficiencies noted at the time of this inspection within the time period specified by the Registrar; AND continue, after such corrections have been made, to maintain complete compliance with the Practice Inspections and Practice Standards By-laws throughout the interim period to the time of the next inspection of the clinic.

\_\_\_\_\_  
Practice Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory

## PART B) Deficiencies Report

By-law section	Description of Issue	Plan to correct	Timeline
1.			
2.			
3.			
4.			
5.			
6.			
7.			