



# PIPS Clinic Information Form

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

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

Practice owner (*Veterinarian or Veterinary Corporation*): \_\_\_\_\_

Name of MVMA Member completing form: \_\_\_\_\_

## **PART A Communications Preferences**

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.

Primary contact person: \_\_\_\_\_

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

Contact telephone number: \_\_\_\_\_

## **PART B Clinic Information**

### **Publishing permission/description**

		<b>Publishing permission/description</b>
1. Practice Address		This information will be published

2. Practice Telephone		This information will be published
3. Practice Email Address		[ ] <b>Publish</b> [ ] <b>Do NOT publish</b>
4. Practice Fax		[ ] <b>Publish</b> [ ] <b>Do NOT publish</b>
5. Practice Website		[ ] <b>Publish</b> [ ] <b>Do NOT publish</b>

**PART C: Clinic Type**

**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

**PART D: Persons Practicing veterinary medicine in the specific PIPS inspected Practice**

**Veterinarians providing service through the Practice (this includes part-time work, contract work, and locums)**

1.	5.
2.	6.
3.	7.
4.	8.

**If additional veterinarians, please attach separate sheet**

**Veterinary Technologists providing service through the Practice (this includes part-time work, contract work, and locums)**

1.	5.
2.	6.
3.	7.
4.	8.

**If additional veterinary technologists, please attach separate sheet**

**Affidavit:**

*I hereby certify that the information on this page is true and correct to the best of my knowledge.*

\_\_\_\_\_  
PIPS inspected Practice owner or legal representative

\_\_\_\_\_  
Date