



# College of Veterinarians of British Columbia

Version 1.0 **PRACTICE FACILITY  
SELF ASSESSMENT FORM (CVBC  
website, on-line)** 2022-08-  
29/rev 2022-09-16

## PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)

**Date** Click or tap to enter a date.

Note: You must submit the first XX pages of your signed Self-Assessment Form (the "Annual Declaration") by January 31 of the following year, including the year a facility or practice inspection is conducted. The rest of the Self-Assessment Form must be completed and kept in the facility to be available upon request.

### Facility Information <sup>1</sup>

Name	Click or tap here to enter text.		
Street Address	Click or tap here to enter text.		
Mailing Address (if different)	Click or tap here to enter text.		
Controlled Drug Shipping address (if different)	Click or tap here to enter text.		
Phone Number	Click or tap here to enter text.		
Email address	Click or tap here to enter text.		
Website	Click or tap here to enter text.		
Social media	Click or tap here to enter text.		
Designated Registrant	Click or tap here to enter text.		
Other Veterinarians (including part-time and contract)	Click or tap here to enter text.		
Number of /RVTs	Click or tap here to enter text.	Number of Other Employees	Click or tap here to enter text.

Commented [AJ1]: Also need Controlled drug shipping address

Commented [SR2R1]: add

Commented [GK3]: This should a drop down from the CVBC Registrants data base

Commented [SR4R3]: It tends to be autofill in the CRM, but that works too!

Commented [GK5]: Drop down, from CVBC Registrants data base

Commented [GK6]: number

Commented [AJ7R6]: Trackable

Commented [SR8R6]: Remove VT and TY

Commented [GK9]: Number

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<sup>1</sup> Some items (e.g., Designated Registrant's name) will autofill from CVBC Registrants database



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The Veterinarians Act requires the CVBC to maintain an online registry. Online publication of your business name, address and telephone number is optional.

Please choose one of the following options.

- \_\_\_ I wish to have all of my business information listed.
- \_\_\_ I wish to have only my business name and telephone number listed.
- \_\_\_ I do not wish to have any of my business information listed.

DRAFT

**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

**GEOGRAPHIC LOCATION<sup>2</sup>**

Please fill in the location of your practice.

Refer to LINK

<u>BRITISH COLUMBIA REGIONAL DISTRICT</u>	<u>RD OFFICE LOCATION</u>
<input type="checkbox"/> Alberni–Clayoquot	Port Alberni
<input type="checkbox"/> Bulkley–Nechako	Burns Lake
<input type="checkbox"/> Capital	Victoria
<input type="checkbox"/> Cariboo	Williams Lake
<input type="checkbox"/> Central Coast	Bella Coola
<input type="checkbox"/> Central Kootenay	Nelson
<input type="checkbox"/> Central Okanagan	Kelowna
<input type="checkbox"/> Columbia–Shuswap	Salmon Arm
<input type="checkbox"/> Comox Valley	Courtenay
<input type="checkbox"/> Cowichan Valley	Duncan
<input type="checkbox"/> East Kootenay	Cranbrook
<input type="checkbox"/> Fraser Valley	Chilliwack
<input type="checkbox"/> Fraser–Fort George	Prince George
<input type="checkbox"/> Kitimat–Stikine	Terrace
<input type="checkbox"/> Kootenay Boundary	Trail
<input type="checkbox"/> Metro Vancouver	Burnaby
<input type="checkbox"/> Mount Waddington	Port McNeill
<input type="checkbox"/> Nanaimo	Nanaimo
<input type="checkbox"/> North Coast	Prince Rupert
<input type="checkbox"/> North Okanagan	Coldstream
<input type="checkbox"/> Northern Rockies	Fort Nelson
<input type="checkbox"/> Okanagan–Similkameen	Penticton
<input type="checkbox"/> Peace River	Dawson Creek
<input type="checkbox"/> qathet	Powell River
<input type="checkbox"/> Squamish–Lillooet	Pemberton
<input type="checkbox"/> Stikine Region	(N/A)
<input type="checkbox"/> Strathcona	Campbell River
<input type="checkbox"/> Sunshine Coast	Sechelt
<input type="checkbox"/> Thompson–Nicola	Kamloops

Commented [AJ10]: Perhaps put under summary information as related to address? Then Facility type, services, & species?

Commented [SR11]: link to map on Prov of BC website possible?

Commented [GK12R11]: yes

Commented [AJ13]: For people uncertain what region they are in, perhaps provide the link to the regional breakdown?

Commented [SR14R13]: I mentioned that in comment above, agreed

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<sup>2</sup> For more details see [Regional District Illustrative Maps - Province of British Columbia \(gov.bc.ca\)](http://Regional District Illustrative Maps - Province of British Columbia (gov.bc.ca))

**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

FACILITY TYPE

FACILITY CATEGORY	DETAILS
<input type="checkbox"/> Fixed/Self-standing	
<input type="checkbox"/> Ambulatory/Mobile	<input type="checkbox"/> Public office <input type="checkbox"/> Non-public office <input type="checkbox"/> Practice includes both ambulatory and self-standing hospital facilities <input type="checkbox"/> Other (describe) <a href="#">Click or tap here to enter text.</a>
<input type="checkbox"/> Primary Care	
<input type="checkbox"/> Emergency	
<input type="checkbox"/> Tertiary Care	
<input type="checkbox"/> Consulting Practice	
<input type="checkbox"/> Philanthropic	
<input type="checkbox"/> Specialist (Board Certification)	<input type="checkbox"/> Anesthesiology and pain management <input type="checkbox"/> Animal behavior <input type="checkbox"/> Animal welfare <input type="checkbox"/> Aquatic animal medicine <input type="checkbox"/> Avian medicine <input type="checkbox"/> Bovine medicine <input type="checkbox"/> Canine medicine <input type="checkbox"/> Cardiology <input type="checkbox"/> Clinical pathology <input type="checkbox"/> Clinical pharmacology <input type="checkbox"/> Dentistry <input type="checkbox"/> Dermatology <input type="checkbox"/> Diagnostic imaging <input type="checkbox"/> Emergency and critical care <input type="checkbox"/> Equine <input type="checkbox"/> Feline medicine <input type="checkbox"/> Honey bee medicine <input type="checkbox"/> Internal medicine <input type="checkbox"/> Laboratory animal medicine <input type="checkbox"/> Neurology and neurosurgery

Commented [SR15]: small definition or statement that this is board certified

***PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)***

- Nutrition
- Oncology (cancer in animals)
- Ophthalmology
- Porcine medicine
- Poultry medicine
- Preventive medicine
- Radiation oncology
- Reptile and amphibian medicine
- Shelter medicine
- Small Ruminant Health Management
- Sports medicine and rehabilitation
- Surgery, including orthopaedics and soft tissue surgery
- Theriogenology
- Zoological medicine
- Other (describe) [Click or tap here to enter text.](#)

**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

ANIMAL SPECIES

Please fill in all categories/species seen by your practice

<u>CATEGORY</u>	<u>SPECIES</u>
<input type="checkbox"/> Companion animal	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Pocket pets <input type="checkbox"/> Pet birds <input type="checkbox"/> Pet rabbits <input type="checkbox"/> Pet ferrets <input type="checkbox"/> Pet fish/amphibians <input type="checkbox"/> Small exotic species <input type="checkbox"/> Large animal companion animals except equine <input type="checkbox"/> Other (describe) <small>Click or tap here to enter text.</small>
<input type="checkbox"/> Equine	<input type="checkbox"/> Horses <input type="checkbox"/> Donkeys <input type="checkbox"/> Mules <input type="checkbox"/> Other (describe) <small>Click or tap here to enter text.</small>
<input type="checkbox"/> Large animal	<input type="checkbox"/> Alpacas <input type="checkbox"/> Beef cattle <input type="checkbox"/> Camels <input type="checkbox"/> Dairy cows <input type="checkbox"/> Deer <input type="checkbox"/> Elk <input type="checkbox"/> Goats <input type="checkbox"/> Llamas <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Other (describe) <small>Click or tap here to enter text.</small>
<input type="checkbox"/> Other animals	<input type="checkbox"/> Poultry <input type="checkbox"/> Aquaculture species <input type="checkbox"/> Honey bees <input type="checkbox"/> Wildlife species

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- Other avian species
- Other aquatic animal species
- Other terrestrial animal species
- Other (describe)

Click or tap here to enter text.

**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

**VETERINARY SERVICES**

Commented [GK16]: Location, facility type, species, vet services

Please fill in all Veterinary Services categories that apply to your practice.

<u>CATEGORY</u>	<u>SUBTYPE</u>
<input type="checkbox"/> Physical examination of the patient	
<input type="checkbox"/> Patient treatments	
<input type="checkbox"/> Medical procedures	
<input type="checkbox"/> Preparation, packaging and/or processing biological samples	
<input type="checkbox"/> Obtaining images of diagnostic quality	<input type="checkbox"/> Main X-ray <input type="checkbox"/> Dental X-ray <input type="checkbox"/> Endoscopy <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> MRI <input type="checkbox"/> CT Scan <input type="checkbox"/> Particle Accelerator <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Storage, handling and dispensing of drugs and biologicals	<input type="checkbox"/> General Pharmacy <input type="checkbox"/> Controlled drugs <input type="checkbox"/> Radioisotopes <input type="checkbox"/> Chemotherapeutic agents
<input type="checkbox"/> Anesthetic procedures	
<input type="checkbox"/> Surgical procedures	<input type="checkbox"/> Basic (spay, neuter, minor) <input type="checkbox"/> General <input type="checkbox"/> Orthopedic <input type="checkbox"/> Specialist
<input type="checkbox"/> Dental procedures	<input type="checkbox"/> General dental procedures <input type="checkbox"/> Orthodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Endodontics

Commented [AJ17]: Pilotfish requested the category be parallel with the top of the associated subtype list

Commented [SR18]: Basic (spay, neuter, minor), general, orthopedic, specialist?



**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

	<input type="checkbox"/> Major oral surgery <input type="checkbox"/> Periodontal surgery
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<input type="checkbox"/> Emergency services <i>(only check if accredited as per Section 13 of Schedule D)</i>	
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Commented [SR19]: Only check if accredited as per Section 13 of Schedule D

<input type="checkbox"/> Ambulatory/Mobile	<input type="checkbox"/> House call <input type="checkbox"/> Farm call <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Mobile – euthanasia only <input type="checkbox"/> Other (describe) <small>Click or tap here to enter text.</small>
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<input type="checkbox"/> Patient confinement and accommodation	<input type="checkbox"/> Out patient only <input type="checkbox"/> Overnight <input type="checkbox"/> Boarding
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<input type="checkbox"/> Complementary/ alternative/ integrative medicine	<input type="checkbox"/> Acupuncture <input type="checkbox"/> Chiropractic <input type="checkbox"/> Homeopathy <input type="checkbox"/> Laser <input type="checkbox"/> Rehabilitation <input type="checkbox"/> TCM
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Commented [SR20]: Maybe there should be "other" here? sorry, didn't think of this earlier

<input type="checkbox"/> Telemedicine <small>(See <a href="https://cvbc.ca/wp-content/uploads/2021/10/CVBC-Guidelines-Update-Telemedicine-July-2021-FINAL-for-posting.pdf">https://cvbc.ca/wp-content/uploads/2021/10/CVBC-Guidelines-Update-Telemedicine-July-2021-FINAL-for-posting.pdf</a>)</small>	
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<input type="checkbox"/> Population Medicine	<input type="checkbox"/> Herd <input type="checkbox"/> Flock <input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Aquaculture <input type="checkbox"/> Apiculture <input type="checkbox"/> Aviary <input type="checkbox"/> Wildlife <input type="checkbox"/> Other (describe) <small>Click or tap here to enter text.</small>
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Commented [SR21]: Did we discuss having subtypes? Herd, shelter, breeder, aquaculture, apiculture, flock, wildlife

Commented [GK22R21]: Add "other", "aviary"

<input type="checkbox"/> Other (describe)	
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Commented [AJ23]: Should there be wording here the DR declares the above to be a true representation of the facility with equipment and accreditation?

**PRACTICE FACILITY SELF ASSESSMENT FORM (CVBC website, on-line)**

Plan is to remove general vs limited declaration, will have statements that all DR would sign;

I, Click or tap here to enter text. (please type your name), the Designated Registrant of the above-named practice hereby sign this undertaking declaring;

- 1. that I have completed the necessary sections of the Self- Assessment (SA) Form as it relates to this facility and that I have corrected or will forthwith correct all deficiencies that I have found therein.
- 2. that there is premise insurance and that I have recorded the amount of malpractice and liability insurance held by each veterinarian working at the practice facility as per Bylaw Part 3 - Accreditation and Naming, s. 3.6 (12).
- 3. that I will not provide a fuller range of practice services without prior authorization by the Practice Facility Accreditation Committee. Additional species within a category (e.g., companion animals) that is already accredited may be seen, but those in another unaccredited species category cannot be seen without approval of the PFAC.
- 4. that if the facility is planning to relocate or performs renovations, I will contact the office at least **two months** prior to the start of services to arrange the inspection and accreditation of the space; please notify as soon as possible in the case of an emergency change

**Designated Registrant's Signature**

Click or tap here to enter text.

Commented [GK24R23]: Sure, That was implied but it might be good to state it directly.

Commented [SR25R23]: That always makes me pause and think twice before I sign, so I think a good idea.

Commented [GK26]: Statements include both full and limited scope practice

Commented [AJ27]: Add online registry confirmation? Refer to Contact and Practice information form

Commented [SR28]: consider check box for each statement

Commented [SR29]: 2 months?

Commented [SR30R29]: Angela says 2 months for sure.

Commented [SR31]: Realizing we left out the limited vs full accreditation declaration that currently exists. That is something that PFAC should discuss and give us a better idea of what they consider limited.

Commented [GK32]: Need advice on inserting capacity for e-signatures and digital signatures