***PRACTICE FACILITY ANNUAL DECLARATION FORM***

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

The Designated Registrant is responsible for submitting the Annual Declaration form for the previous year by January 31st of the following year. The accompanying Self-Assessment Form [[1]](#footnote-2) that assesses the previous year must also be completed and kept in the facility to be available upon request. In the event of a Facility Inspection, the Declaration Form and Self-Assessment Form must be submitted to the CVBC office for review by the inspector. In the case of a new facility or addition of new scopes of practice, please fill out the forms as they relate to the anticipated services.

# FACILITY INFORMATION

|  |  |
| --- | --- |
| 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. |

CVBC by-law 3.2 mandates an online registry of all accredited practice facilities be maintained by the Registrar. For the Facility Registry, publication of the street address is optional. The default setting is to not list the street address unless given permission by the DR to do so.

Please choose one of the following for your facility's publication:

[ ] \_\_\_\_\_I would like to have all my practice facility's business information listed

[ ] \_\_\_\_\_I do not want to list the street address of my practice facility.

# GEOGRAPHIC LOCATION [[2]](#footnote-3)

Please fill in the [physical location](https://alpha.gov.bc.ca/gov/content/governments/local-governments/facts-framework/local-government-maps) of your Facility (not the areas covered, please check one box).

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

# FACILITY TYPE

Please fill in all Facility Type categories that apply to your practice. See Appendix for description of terms.

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

# ANIMAL SPECIES

Please fill in all categories/species seen by your practice.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CATEGORY** |  | **SPECIES** |
|  |  |  |  |
|[ ]  Companion animal  |[ ]  Dogs |
|  |  |[ ]  Cats |
|  |  |[ ]  Pocket pets |
|  |  |[ ]  Pet birds |
|  |  |[ ]  Pet rabbits |
|  |  |[ ]  Pet ferrets |
|  |  |[ ]  Pet fish/amphibians |
|  |  |[ ]  Small exotic species |
|  |  |[ ]  Large animal companion animals except equine |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |
|[ ]  Equine |[ ]  Horses |
|  |  |[ ]  Donkeys |
|  |  |[ ]  Mules |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |
|[ ]  Large animal |[ ]  Alpacas |
|  |  |[ ]  Beef cattle |
|  |  |[ ]  Camels |
|  |  |[ ]  Dairy cows |
|  |  |[ ]  Deer |
|  |  |[ ]  Elk |
|  |  |[ ]  Goats |
|  |  |[ ]  Llamas |
|  |  |[ ]  Sheep |
|  |  |[ ]  Swine |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |
|[ ]  Other animals |[ ]  Poultry |
|  |  |[ ]  Aquaculture species |
|  |  |[ ]  Honey bees |
|  |  |[ ]  Wildlife species |
|  |  |[ ]  Other avian species |
|  |  |[ ]  Other aquatic animal species |
|  |  |[ ]  Other terrestrial animal species |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |

# VETERINARY SERVICES

Please fill in all Veterinary Services categories that apply to your practice. See Appendix for description of terms.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CATEGORY** |  | **SUBTYPE** |
|  |  |  |  |
|[ ]  Physical examination of the patient |  |  |
|[ ]  Patient treatments |  |  |
|[ ]  Medical procedures |  |  |
|[ ]  Preparation, packaging and/or processing biological samples |  |  |
|[ ]  Obtaining images of diagnostic quality |[ ]  Main X-ray |
|  |  |[ ]  Dental X-ray |
|  |  |[ ]  Endoscopy |
|  |  |[ ]  Fluoroscopy |
|  |  |[ ]  MRI |
|  |  |[ ]  CT Scan   |
|  |  |[ ]  Particle Accelerator |
|  |  |[ ]  Ultrasound |
|  |  |[ ]  Nuclear Medicine |
|[ ]  Storage, handling and dispensing of drugs and biologicals |[ ]  General Pharmacy |
|  |  |[ ]  Controlled drugs |
|  |  |[ ]  Radioisotopes |
|  |  |[ ]  Chemotherapeutic agents |
|[ ]  Anesthetic procedures |  |  |
|[ ]  Surgical procedures |[ ]  Basic (spay, neuter, minor) |
|  |  |[ ]  General |
|  |  |[ ]  Orthopedic |
|  |  |[ ]  Specialist |
|[ ]  Dental procedures |[ ]  General dental procedures |
|  |  |[ ]  Orthodontics |
|  |  |[ ]  Prosthodontics |
|  |  |[ ]  Endodontics |
|  |  |[ ]  Major oral surgery |
|  |  |[ ]  Periodontal surgery |
|[ ]  Emergency services*(only check if accredited as per Section 13 of Schedule D)* |  |  |
|[ ]  Ambulatory/Mobile |[ ]  House call |
|  |  |[ ]  Farm call |
|  |  |[ ]  Mobile clinicMobile – euthanasia onlyOther (describe) Click or tap here to enter text. |
|  |  |[ ]   |
|  |  |[ ]   |
|[ ]  Patient confinement and accommodation |[ ]  Out patient only |
|  |  |[ ]  Overnight |
|  |  |[ ]  Boarding |
|[ ]  Complementary/ alternative/ integrative medicine |[ ]  Acupuncture |
|  |  |[ ]  Chiropractic |
|  |  |[ ]  Homeopathy |
|  |  |[ ]  Laser |
|  |  |[ ]  Rehabilitation |
|  |  |[ ]  TCM |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |
|[ ]  Telemedicine(*See* [*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) ) |  |  |
|[ ]  Population Medicine |[ ]  Herd  |
|  |  |[ ]  Flock |
|  |  |[ ]  Shelter |
|  |  |[ ]  Breeder |
|  |  |[ ]  Aquaculture |
|  |  |[ ]  Apiculture |
|  |  |[ ]  Aviary  |
|  |  |[ ]  Wildlife |
|  |  |[ ]  Other (describe)Click or tap here to enter text. |
|[ ]  Other (describe) |  |  |

# DECLARATION STATEMENT

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 that I have read and understood my duties under section 3.6 of Part 3 of the CVBC Bylaws [[3]](#footnote-4), and without limiting the generality of section 3.6, I understand that:

1. I will not provide a fuller range of practice services than my accredited Scope of Practice 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.

1. If the facility is planning to relocate or perform renovations, I will contact the CVBC to arrange for an inspection and accreditation of the space before the facility starts providing services from the new or renovated space.

**Designated Registrant’s Signature**

# APPENDIX: Terms Related to Scope of Practice

## Introduction

By Laws Part 3 <https://www.cvbc.ca/wp-content/uploads/2020/03/Part-3-Accreditation-and-Naming.pdf>  and Schedule D <https://www.cvbc.ca/wp-content/uploads/2020/03/Schedule-D-Accreditation-Standards.pdf> describe facilities and scope of practice.  This Appendix presents the revised terminology for “Facility Type” and “Veterinary Services” to assist the Designated registrants with the revised Declaration Form.

Questions or comments may be directed to the CVBC Facilities department at facilties@cvbc.ca . Detailed definitions are on the CVBC website at: [Facility Terminology\_v2 for membership.docx](https://cvbc2.sharepoint.com/%3Aw%3A/s/PFACInspectors/EXJqqQBmjqBDuxWZWYXrdsoBOO3xmhUemRFZcAlIHUEq9A?e=KLqAHQ) [[4]](#footnote-5)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Facility Type

Schedule D defines several “facility types”:

* Self-standing facility: “Non-ambulatory facility within, on or from which veterinary medicine is conducted.”
* Ambulatory facility: “Any vehicle in, on or from which veterinary services are provided, and includes the permanent base of operations.”
* Primary Care facility: “A facility owned and/or operated by a registrant from which a patient may be referred for emergency treatment.”
* Emergency Facility: “A veterinary medical facility whose primary function is receiving, treating and monitoring of emergency patients during specified hours of operation, with a veterinarian and sufficient staff in attendance at all hours of operation and sufficient instrumentation, medications, and supplies available to provide appropriate care.”
* Specialist Facility: “Facility owned and/or operated by a Specialty Private Practice member to which a patient may be referred for treatment.”
* Tertiary Care Facility: A Center, e.g. of a specialty critical care practice

By Laws Part 3 defines two special cases of practice categories:

* Consulting Practice: “consulting practice” means a veterinary practice in which a registrant provides veterinary services to other registrants or practice facilities, including online, and does not have its own premise, structure, vehicle or facility.
* Philanthropic practice: “philanthropic practice” means the humanitarian provision of veterinary services…. Part 3 describes the process for “Philanthropic accreditation” of a facility.

The following Facility Type categories have been added/updated:

* A subcategory for practices that encompass both ambulatory and self-standing hospital facilities: “Where the practice includes both ambulatory and self-standing hospital facilities, equipment and supplies may be shared between the fixed and ambulatory practices so long as patient needs are met in a timely manner, including emergencies, and standards for both fixed and ambulatory facilities are met.”
* Subcategories for type of office associated with an ambulatory/mobile practice. These include: a public office which the public can access to pick up medications or drop off diagnostic samples; and a non-public office for administration where no clients are seen.
* Category for Veterinary Specialists’ disciplines and species specialization under the Specialists Facilities. An increasingly diverse range of boarded Veterinary Specialists are practicing in BC.

# Veterinary Services

Schedule D describes veterinary services: “…veterinary services which may include but are not limited to:

* Physical examination of the patient.
* Patient treatments.
* Medical procedures.
* Preparation, packaging and/or processing biological samples.
* Obtaining images of diagnostic quality.
* Storage, handling and dispensing of drugs and biologicals.
* Anesthetic procedures.
* Surgical procedures.
* Dental procedures.
* Emergency services.
* Ambulatory services.
* Patient confinement and accommodation.”

Various procedures are further defined and/or detailed in Schedule D (e.g., dental procedures and complementary and integrative medicine)

The following Veterinary Service categories have been added/updated:

* Complementary or alternative medicine: “A group of treatments or therapeutic options that lie outside the mainstream of conventional medicine.” These could also include Integrative Medicine: “The diagnosis and treatment involving the combination of complementary and conventional medicine.”
* Mobile clinic (under the category “Ambulatory services”): “A temporary, non accredited, third party hosted location to which clients come to meet with the registrant for veterinary services”
* Mobile-euthanasia only (under “Ambulatory services”): “A limited scope mobile service with focus on security of control drugs and proper care of remains.”
* Telemedicine services
* Population Medicine: “includes but is not limited to herd health, shelter medicine, wildlife, small animal breeders' animals, aquaculture and apiculture”
* Other (describe) services: to capture unanticipated and/or future veterinary services.
1. See also [Self-Assessments – College of Veterinarians of BC (cvbc.ca)](https://www.cvbc.ca/resources/practice-facilities/self-assessments/) [↑](#footnote-ref-2)
2. For more details see [Regional District Illustrative Maps - Province of British Columbia (gov.bc.ca)](https://www2.gov.bc.ca/gov/content/governments/local-governments/facts-framework/local-government-maps/regional-district-maps) [↑](#footnote-ref-3)
3. By Laws Part 3 <https://www.cvbc.ca/wp-content/uploads/2020/03/Part-3-Accreditation-and-Naming.pdf>  [↑](#footnote-ref-4)
4. See also [Self-Assessments – College of Veterinarians of BC (cvbc.ca)](https://www.cvbc.ca/resources/practice-facilities/self-assessments/) [↑](#footnote-ref-5)