

Humane Society/Animal Care and Control Agencies to Provide Veterinary Services to Qualified Households Application Packet

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In order to process your request:

**Mail your application with initial
documentation and your check
or money order payable to:**

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

**Send other documents not sent
with initial application to:**

Veterinary Board of Governors
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Checklist and Instructions

When your application for humane society/animal care and control agencies to provide veterinary services to qualified households is received by the Department of Health (DOH), it will be reviewed and you will be notified in writing of any outstanding documentation needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Please indicate type of application—new, change of ownership, name change only.

Check One:

- **New**—First time requesting a humane society humane society/animal care and control agencies.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed agency.
- **Name Change Only**—fee is required, and current name of facility.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fee: You can view the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI #'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have one.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web site.

Physical Address: Enter the agency's physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2. Facility Specific Information:

Check One: Check whether you are an animal care and control agency or a humane society.

Background Questions: Check yes or no. If you answer yes, list and explain on a separate sheet of paper.

3. Contact Information:

Contact Person: Enter the contact person's name, phone number, fax number, email address, and date of employment.

4. Additional Information:

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change, and physical address.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate offices, partners, members, managers, ect. Attach additional pages if you need more space.

Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

How to obtain an initial business credential. See [WAC 246-12-060](#).

An initial credential for a business is issued once all eligibility requirements are met. To obtain credential, the business must:

- Pay all applicable application and license fees.
- Submit an application on forms approved by the secretary.
- Submit supporting documentation required by the regulatory entity.

Renewal of your entity registration is due on August 1st each year. The current renewal fee is posted on our online [fee page](#).

Reminder notices are sent out to the address we have on file.

Please notify the Office of Customer Service at 360-236-4700 if you have an address change.

Fees (Check all that apply)	
<input type="checkbox"/>	New Registration
<input type="checkbox"/>	Expired Registration
<input type="checkbox"/>	Duplicate Registration
Check the online fee page for current fees.	
All fees are nonrefundable	

Revenue: 0283050000

Humane Society/Animal Care and Control Agency: Veterinary Services to Qualified Households Registration Application

This is for: New Change of Ownership
 Name Change Only – Current Facility Name _____

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Website)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Mailing Address (If different than physical address)			
City	State	Zip Code	County

2. Facility Specific Information

Check one

- Animal Care and Control Humane Society

Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?
If yes, list and explain on a separate sheet of paper.

3. Contact Information

Contact Person Name

Phone (enter 10 digit #)

Email Address

Title

Veterinarian(s)

License Number

Date of Employment

4. Additional Information

Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility

Previous License #

Effective Date of Ownership Change

Physical Address

Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information submitted is true to the best of my knowledge and belief. I understand that all services must be provided by a licensed veterinarian or veterinary technician acting within their scope of practice.

Signature Owner/Authorized Representative

Date

Print name

Print title

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RCW/WAC and Online Web Site Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Veterinary Medicine, Surgery and Dentistry, RCW 18.92](#)

[Veterinary Board of Governors, WAC 246-933](#)

Online

[AIDS Training Resources, Reference page](#)

[Veterinary Board of Governors, Web page](#)