



APPLICATION for INSPECTION

Dispensing from an Accredited Facility through a Satellite Location

Email form to: accreditation@cvo.org

DATE of APPLICATION: _____

FACILITY DIRECTOR'S NAME: _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NO.: _____

FACILITY DIRECTOR'S EMAIL: _____

ADDRESS of SATELLITE LOCATION to be INSPECTED:

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE NO.: _____

UNDERTAKING

I, _____, DVM, will be responsible for the facility and satellite location, including ensuring that both are operated in accordance with the Act, the regulations, the facility standards and Policy Statement – Dispensing from an Accredited Facility through a Satellite Location, established by the Council under section 8 of the Act, and

- i. Will ensure that only members of the College of Veterinarians of Ontario (CVO) will have responsibility for and control over all of the clinical and professional aspects of the provision of services through the facility and satellite location, including maintaining the standards of practice of the profession;
- ii. Will hold a general licence or restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation,
- iii. Will ensure that the satellite location for the purpose of dispensing drugs for animals is operated in accordance with the Accreditation Inspection Requirements, and
- iv. Will abide by the Dispensing from an Accredited Facility through a Satellite Location - Acknowledgement and Undertaking.

Signature of Facility Director