



**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
COMPLIANCE INSPECTION FORM**

NAME OF FACILITY: _____ DATE OF INSPECTION: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP CODE: _____

OWNER OR MANAGER: _____ TELEPHONE # _____ COUNTY: _____

Licensee Name	License #	Controlled Substance Registration	License Displayed	Continuing Education		

Controlled Substances			
Secured	Acceptable	Unacceptable	N/A
Log	Acceptable	Unacceptable	N/A

Complaint Notice Displayed	Acceptable	Unacceptable	N/A
Patient Records	Acceptable	Unacceptable	N/A
Drug Labeling	Acceptable	Unacceptable	N/A
Sanitation	Acceptable	Unacceptable	N/A
Alternate Therapy	Acceptable	Unacceptable	N/A

Is your contact information current?	Yes	No
If no, when did you relocate?		
What is your email address?		

SUBSTANCE (Form)	AMOUNT	*	SUBSTANCE (Form)	AMOUNT	*	SUBSTANCE (Form)	AMOUNT	*

Comments: _____

I have read the Compliance Inspection Form and understand the entries and comments and I intend to voluntarily comply. Compliance is expected and does not prevent a formal complaint from being generated.

Mail Response to: _____ Response Required (Yes) (No) _____
 Attn: Investigator: _____
 Texas Board of Veterinary Medical Examiners
 333 Guadalupe, Suite 3-810, Austin, Texas 78701
 Signature of Principal or Agent _____ (Date)