

OWNER REF									
PREMISES REF									
IN		CL		AP		AL		WS	

[Boxes for office use only]



Veterinary Medicines Directorate

ASSURING THE SAFETY, QUALITY AND EFFICACY
OF VETERINARY MEDICINES

The Veterinary Medicines Regulations 2009

APPLICATION FORM

Approval of Premises to Retail Supply Veterinary Medicinal Products by Suitably Qualified Persons [SQPs]

Please indicate the type of approval you wish to apply for:-

Office Use	Premise Type	<u>Activity for which approval is required</u>	Fee Payable	Tick ✓
1601	AM	Retail supply of Veterinary Medicinal Products classified as POM-VPS & NFA-VPS	£260	
1604	AS	Retail supply of Veterinary Medicinal Products for the treatment of Horses & Companion Animals Only	£145	
1607	AJ	Retail supply of Veterinary Medicinal Products for the treatment of Equines Only	£145	
1610	AC	Retail supply of Veterinary Medicinal Products for the treatment of Companion Animals Only	£110	

Animal Medicines Inspectorate

Avenue A, STONELEIGH PARK, Warwickshire CV8 2LG

Telephone 024 7684 9260 Fax 024 7684 9261 email: amienquiries@vmd.defra.gsi.gov.uk Website: www.vmd.gov.uk

Director and Chief Executive **Steve Dean** BVet Med DVR MRCVS

The Veterinary Medicines Directorate is an Executive Agency of the Department for Environment, Food and Rural Affairs



INVESTOR IN PEOPLE

OWNER REF	
PREMISES REF	

Retail Supplier's Application Form

**PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM
IN BLOCK CAPITALS**

Section 1 Applicant's Details

Owner's Reference Number
[if known]

Applicant's Name

Corporate Body/
Company Name

Address

Post Code: _____

Telephone No

Mobile No

Fax No

E-mail address

Website

Section 2 Premises Details

[where activity will be carried out]

Trading Name

*[if different from applicant's/
corporate body or company
name]*

Address

*[if different from
applicant's address]*

Post Code: _____

Telephone No

Mobile No

Fax No

E-mail address

Website

Opening Hours

	AM	PM
Weekday Opening <i>(inc Saturdays)</i>
Sunday Opening
Early Closing day
.....		
Market Day
.....		

Section 3 Suitably Qualified Persons
[Responsible for Premises]

Title
[delete where applicable]

First Name(s)

Surname

AMTRA / RPSGB /
RCVS Membership No
[delete where applicable]

Telephone No

Mobile No

Fax No

E-mail address

Title
[delete where applicable]

First Name(s)

Surname

AMTRA / RPSGB/
RCVS Membership No
[delete where applicable]

Telephone No

Mobile No

Fax No

E-mail address

Section 4 Declaration

Do you hold any other VMD approval/authorisation for these premises? YES/NO

If so, please provide the reference number.

Please Note:

A separate application form must be submitted for each premises for which approval is required.

Declaration

I/we hereby apply for approval under the Veterinary Medicines Regulations as a retail supplier of veterinary medicinal products by Suitably Qualified Persons [SQPs], and declare that the said premises are suitable and adequate for the proposed activity.

Please note that once an application has been received and an approval inspection carried out, fees are not refundable

Signed : _____ Date: _____

Print Name: _____

Position in Company: _____

The completed application form, along with cheque payment for appropriate fee (made payable to **Veterinary Medicines Directorate**), should be returned to:

**The Cashier
Veterinary Medicines Directorate
Woodham Lane
New Haw
ADDLESTONE
Surrey KT15 3LS**

The Veterinary Medicines Directorate will use the information you have compulsorily provided to fulfil its statutory functions. Otherwise, the information will not be disclosed to third parties without your consent. The information held is subject to current data protection legislation.