



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS COMPLIANCE INSPECTION FORM

Rule 573.63 / 573.68

NAME OF FACILITY: _____ DATE OF INSPECTION: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP CODE: _____

COUNTY: _____ TELEPHONE #: _____

OWNER OR MANAGER: _____ E-MAIL ADDRESS: _____

LICENSEE NAME: _____ LICENSE TYPE: _____ LICENSE NUMBER: _____

	Compliant			CONTROLLED SUBSTANCE LOG			
	Y	N	N/A	Substance Name:	Amount Logged	Actual Amount On-Hand	Variance Amount
Notice to Client Displayed (573.29)							
Patient Records (573.52 / 573.53)							
Drug Labeling (573.40)							
Sanitation (573.79)							
Alternative Therapy Form (573.14 / 573.16 / 573.17)							
Contact Information Correct (573.76)							
Drug Log Maintained (573.50)							
License Displayed (573.35)							
Controlled Substances Secured (573.61)							
Electronic Controlled Substance Log	Electronic / Paper						

NOTES:

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. Submit any documentation required within 30 days per Rule 573.68.

Mail Response to:
 Attn: Investigator: _____
 Texas Board of Veterinary Medical Examiners
 1801 Congress Ave, Suite 8.800, Austin, TX 78701
 E-mail: _____@veterinary.texas.gov
 Investigator Phone #: _____

Signature of Licensee or Agent (Date)