



VETERINARY COUNCIL OF IRELAND
COMHAIRLE TRÉIDLIANNA na hÉIREANN
53 Lansdowne Road, Ballsbridge Dublin 4 D04 NY29
Telephone: 01 6684402 Facsimile: 01 6604373
e-mail: pas@vci.ie Website: www.vci.ie

Certificate of Suitability Revocation Request Form

Premises Closing

Section A – Certificate of Suitability Holder’s Details

Name of COS Holder	
VCI Registration No.	
Telephone No.	
E-mail Address	

Section B – Premises Details

Premises Name	
COS No.	
Premises Address	

Section C – Reason(s) for Revocation

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Section D - Declarations

- I hereby request that the Certificate of Suitability issued to the above-named premises be revoked by the Council pursuant to section 114(1)(a) of the Veterinary Practice Act 2005, as amended.
- I undertake to ensure the safe and timely disposal of all animal remedies in accordance with the Animal Remedies Regulations.
- I undertake to ensure the transfer of all clinical and client records, as appropriate, in accordance with client consent.
- I undertake to inform clients of the date in which the premises will be closing and that veterinary services will no longer be provided at and/or from the premises.
- I have submitted an updated Premises Accreditation Scheme (PAS) declaration form ([available here](#)), stating my current employment status.

Dated this Day of (month) (year)

Signature

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PLEASE PRINT NAME IN BLOCK CAPITALS BELOW SIGNATURE

Upon revocation of this Certificate of Suitability, the practice of veterinary medicine at and/or from this premises is no longer permitted under section 106 (1)(a) of the Veterinary Practice Act 2005, as amended, and the Veterinary Medicines Division of the Department of Agriculture, Food and the Marine will be notified of such.