



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

Change in COS Holder

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 in regard to the above-named premises, be revoked by the Council under section 114(1)(a) of the Veterinary Practice Act 2005, as amended.
- I confirm that a new application for a Certificate of Suitability, for the above-named premises, will be submitted to the Council for consideration.

Name of Proposed New COS Holder:	
VCI Registration Number:	

- 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