



## Application for a Certificate of Suitability

*Registered Veterinary  
Hospital*

Veterinary Council of Ireland, 53 Lansdowne Road, Ballsbridge, Dublin 4, D04 NY29

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**Particulars required for registration of a Veterinary Premises****Section A: GENERAL INFORMATION****Applicant Name** (The Proposed COS Holder)**Applicant's VCI Registration Number****Proposed Name of Veterinary Premises****Name of Veterinary Group (if applicable)****Address of Veterinary Premises****Post Code**

*\* Premises Accreditation Scheme Standard 10.4 requires that, client and animal access to the veterinary premises shall be via a direct public entrance, specific to the registered veterinary premises, that connects directly to a public road or public concourse. In the interests of biosecurity, the perimeter of the premises shall be clearly defined and demonstrate physical separation from any other premises, especially any premises where animals not attending the registered premises may be present.*

**Practice Profile**

(Please provide estimated % breakdown)

**Companion Animal** %**Equine** %**Food Animal (including TB testing)** %**TVI/LVI** %**Other\*** %*\*If other, please specify:***Practice Telephone Number****Mobile Number** (Applicant only)**Practice Email Address****Personal Email Address** (Applicant only)**Practice Website Address & Other Relevant Materials** (if applicable)

Scope of Practice *(please provide a brief description of the work you plan to carry out at/from this premises)*

Date of Proposed Opening of Veterinary Premises

Please confirm below the premises proposed arrangements for out of hours (OOHs) emergency cover (see Premises Accreditation Scheme Standard 1.1 for further details)

In House Rota ☐

Part of local OOHs Rota ☐

Some OOHs Referred ☐

All OOHs Referred ☐

**Please provide details below of the premises' out-of-hours (OOHs) arrangements.**  
*If the premises participates in a local OOHs rota or refers OOHs cases to another practice, please list the relevant practice name(s). If some OOHs calls are referred while others are handled on-site, please specify this (e.g., companion animal OOHs referred, large animal OOHs covered in-house).*

## Section B: PREMISES EXISTING ON THE REGISTER OF CERTIFICATES OF SUITABILITY

Please fill in the details of any existing Certificates of Suitability below, as per the Register.

### 1. Has the premises to which this application relates previously held a Certificate of Suitability?

YES ☐ NO ☐

(If yes, please provide details below)

Details of Previous Certificate 1			
Previous COS holder name		Reg. No	
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address <i>(if this is a different address to the current Application, please explain on a separate piece of paper)</i>			
Classification of Veterinary Premises			

Details of Previous Certificate 2			
Previous COS holder name		Reg. No	
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address <i>(if this is a different address to the current Application, please explain on a separate piece of paper)</i>			
Classification of Veterinary Premises			

Details of Previous Certificate 3			
Previous COS holder name		Reg. No	
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address <i>(if this is a different address to the current Application, please explain on a separate piece of paper)</i>			
Classification of Veterinary Premises			

**2. Do you hold a Certificate of Suitability for any other premises or have you held a Certificate of Suitability for any other premises?**

YES ☐ NO ☐

(If yes, please provide details below)

Details of Current or Previous Certificate 1			
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address			
Classification of Veterinary Premises			

Details of Current or Previous Certificate 2			
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address			
Classification of Veterinary Premises			

Details of Current or Previous Certificate 3			
Premises Name		COS Number	
		Date of Expiration of COS	
Premises Address			
Classification of Veterinary Premises			

***If you need to provide additional information, please do so on a separate page (PLEASE USE BLOCK CAPITALS).***

## Section C: PERSONNEL

- 1. Please list all Registered Veterinary Practitioners that will be practising veterinary medicine at and/or from the premises.**

*(PLEASE USE BLOCK CAPITALS)*

*If you need to provide additional names, please do so on a separate page.*

Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	

- 2. Please list all Registered Veterinary Nurses that will be practising veterinary nursing at and/or from the premises.**

*(PLEASE USE BLOCK CAPITALS)*

*If you need to provide additional names, please do so on a separate page.*

**PLEASE NOTE IT IS A MANDATORY REQUIREMENT FOR ALL NEWLY REGISTERED VETERINARY HOSPITALS TO EMPLOY AT LEAST ONE REGISTERED VETERINARY NURSE AS PART OF THE VETERINARY TEAM.**

Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	
Full Name		Registration Number	

## Section D: DECLARATIONS

***The practice of veterinary medicine and veterinary nursing must NOT be performed at and/or from a premises to which an application relates, until a decision has been made by the Veterinary Council to grant a Certificate of Suitability.***

**Please indicate either YES or NO in respect of each of the below declarations:**

1. Subject to the grant of a Certificate of Suitability by the Veterinary Council, I confirm that I will carry out the practice of veterinary medicine at and/or from the premises cited in this application.

2. I confirm that I am the person who is/will be in charge of the premises to which this application relates.

**If you are not (or will not be) the person in charge of the premises, please provide the name, role and title of the person in charge (PLEASE USE BLOCK CAPITALS):**

**Full Name:**

☐

I confirm that I have been authorised by the person in charge of the premises to complete and submit this COS application form.

3. I confirm that the veterinary premises is suitable and fit for the purpose of the practice of veterinary medicine and veterinary nursing and that it complies with the Premises Accreditation Scheme Regulations and the Premises Accreditation Scheme Standards, and I undertake to ensure compliance therewith.

4. I confirm I have read and understood the current edition of the Veterinary Council's Code of Professional Conduct and the professional guidelines issued thereunder.

5. The practice of veterinary medicine and veterinary nursing at and/or from the veterinary premises, the subject of this application, will be conducted in compliance with the Veterinary Practice Act 2005, as amended.

6. I confirm that the premises at and/or from which the practice of veterinary medicine and veterinary nursing will be carried out is in compliance with Planning Regulations and is covered by public liability insurance.

7. I undertake to ensure that any registrant practising at and/or from this premises is registered with the Veterinary Council and I undertake to inform the Veterinary Council each time a registrant commences or ceases practising at and/or from the veterinary premises.

8. I undertake to ensure arrangements are in place for the provision of 24-hour emergency service from this premises in compliance with the Code of Professional Conduct and the Premises Accreditation Scheme Standards.

- |       |   |   |
|-------|---|---|
| 9.    | I undertake to ensure an efficiently maintained system of recording, filing and retrieving patient records for each animal, herd, flock or farm with due regard to client confidentiality, and that the records will be promptly made available upon request from clients.        | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 10.   | I undertake to ensure the safe storage, safekeeping, dispensing, record-keeping and management of veterinary medicines at the practice in conformance with the Veterinary Product Authorisation, Veterinary Medicines Regulations and the Misuse of Drugs Acts.                   | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 11.   | I undertake to ensure adequate biosecurity measures are in place to prevent the spread of contagious disease in relation to the premises, staff, instruments, equipment, and vehicles.  | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 12.   | I undertake to inform the Veterinary Council of Ireland if I intend to cease practising veterinary medicine at this premises and to provide all required details to facilitate a timely change of Certificate of Suitability Holder, prior to or at the time of ceasing practice. | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 13.   | I undertake to notify the Veterinary Council of Ireland if this premises is to close and to provide all required details to facilitate the timely revocation of the Certificate of Suitability.   | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 14.   | In the event that a Certificate of Suitability in respect of this premises is revoked or expired, I undertake to ensure the safe and timely transfer of all patient and clinical records, as appropriate in accordance with client consent.                                       | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |
| <hr/> |   |   |
| 15.   | I undertake to notify the Veterinary Council of Ireland in the event of any material change to the particulars set out in this application and I undertake to do so in a timely manner.   | <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/> |

*I hereby declare that the information contained in this application and all documentation provided in support of this application, are to the best of my knowledge true and accurate, to the best of my information, knowledge, and belief. I understand that any false or fraudulent declaration or misrepresentation made as part of this application, may result in disciplinary and/or legal action by the Veterinary Council.*

Dated this the ..... day of ..... (month) ..... (year)

Signature

Please Print Applicant Name in Block Capitals below signature

***The practice of veterinary medicine and veterinary nursing must NOT be performed at and/or from a premises to which an application relates, until a decision has been made by the Veterinary Council to grant a Certificate of Suitability.***

\* Applicants are expected to familiarise themselves with the Veterinary Council of Ireland's Codes of Professional Conduct and the relevant parts of the Veterinary Medicines Regulations, the Ionising Radiation Regulations, Health and Safety at Work Acts and the Disability Acts which are available for download from [www.vci.ie](http://www.vci.ie).

\*Please write in clear BLOCK CAPITALS  
throughout this form\*

## SECTION E: PAS STANDARDS SELF-ASSESSMENT CHECK LIST

Please complete the following section in accordance with the **PAS Standards Document**, completing all Standards applicable to the premises classification for which you are applying.

You should refer to the **PAS Standards Document** whilst completing this section.

**I, the Certificate of Suitability applicant, declare that this premises is compliant with all applicable PAS Standards as follows:**

<b>Section 1. SERVICES &amp; EQUIPMENT - <i>Mandatory Requirement</i></b>			
Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
1.1	24-hour emergency service		
1.2	Access to diagnostic laboratory & clinical pathology services		
1.3	Radiography & diagnostic imaging on site		
1.4	Consulting hours and contact information including emergency information displayed at premises & where used, on practice website		
1.5	Equipment - safe, secure storage & routinely serviced		

<b>Section 2. RECORDS - <i>Mandatory Requirement</i></b>			
Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
2.1	Efficient record system		
2.2	Records accessible from each premises		
2.3	Records of annual caseload and range of species treated		
2.4	Veterinary medicines refrigeration records		
2.5	Records of animals hospitalised at the premises		
2.6	Records of patient care		
2.7	Records of anaesthesia		
2.8	Records of anaesthesia monitoring		
2.9	Anaesthetic consent forms		

2.10	Records of surgery		
2.11	Surgical consent forms		
2.12	Surgery logs		
2.13	Records of laboratory tests		
2.14	Radiography records		
2.15	Records of equipment service and maintenance		

### Section 3. HEALTH & SAFETY – *Mandatory Requirement*

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
3.1	Safety Statement		
3.2	Fire safety equipment		
3.3	First aid & accident records		
3.4	Secure storage of pressurised gas cylinders		
3.5	Non-clinical waste collection, storage & disposal		
3.6	Clinical & anatomical waste collection, storage & disposal		
3.7	Pharmaceutical waste collection, storage & disposal		
3.8	Hazardous waste disposal		
3.9	Sharps collection & disposal		
3.10	Staff facilities		

### Section 4. PHARMACY - *Mandatory Requirement*

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
4.1	Range of veterinary medicines		
4.2	Veterinary medicines management		
4.3	Refrigeration of veterinary medicines		
4.4	Reporting of suspected adverse reactions, including lack of efficacy		

**Section 5. BIOSECURITY - Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
5.1	Premises & equipment is sanitary & orderly		
5.2	Premises is clean & uncluttered		
5.3	Separate cleaning equipment for clinical and non-clinical areas		
5.4	Sanitising agents		
5.5	Prevention of spread of contagious disease		
5.6	Boot dip & protective clothing where required		

**Section 6. POST-MORTEM EXAMINATION & CARCASE DISPOSAL - Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
6.1	Arrangements for post-mortem examination		
6.2	Appropriate storage & disposal of animal tissues		
6.3	Freezer storage		

**Section 7. VEHICLE - Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
7.1	Complies with appropriate legislation		
7.2	Clean & tidy condition		
7.3	Protective clothing & footwear		
7.4	Transport, storage & use of veterinary medicines		
7.5	Adequate equipment		
7.6	Waste disposal facilities		

**Section 8. ACCESS TO REFERENCE MATERIALS & ONLINE SOURCES OF INFORMATION - Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
8.1	Availability of material & internet access		

**Section 9. OFFICE/RECEPTION/WAITING ROOM - Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
9.1	Display of Certificate of Suitability		
9.2	Staff names, qualifications & VCI registration numbers displayed		
9.3	Evidence of VCI registration of personnel		
9.4	Defined client waiting area		
9.5	Adequate temperature control & ventilation		
9.6	Clean toilet & hand-washing facilities		
9.7	Adequate indoor lighting		
9.8	Adequate internal signage		
9.9	Sign detailing fees for routine procedures & services		
9.10	Sign detailing premises out of hours arrangements		
9.11	Sign detailing premises ownership details		

**Section 10. PREMISES: EXTERNAL – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
10.1	Permanent structure		
10.2	The COS Holder shall confirm that the premises complies with all local planning regulations		
10.3	Maintenance of grounds & exterior premises		
10.4	Direct & independent public access		

10.5	Adequate external lighting		
10.6	Secure doors & windows		
10.7	Animal loading and unloading facilities where applicable		

**Section 11. EXAMINATION ROOM – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
11.1	Adequate examination room		
11.2	Hand washing facilities		
11.3	Waste receptacles		
11.4	Surfaces appropriate for disinfecting		
11.5	Diagnostic equipment		
11.6	Restraint devices		
11.7	Weighing equipment		
11.8	Stocks where applicable		
11.9	Crush where applicable		
11.10	Trot-up area where applicable		
11.11	All-weather lunge ring where applicable		

**Section 12. TREATMENT/PROCEDURE ROOM – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
12.1	Available & adequately equipped		
12.2	Of adequate size		
12.3	Surfaces and equipment can be cleaned & disinfected easily		
12.4	Sink with hot & cold water		

**Section 13. IN-PATIENT FACILITIES – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
13.1	Overnight monitoring and care <u>at the premises</u>		
13.2	Separate compartment for each animal		
13.3	Easy observation & access to animals		
13.4	Appropriate & clean patient facilities		
13.5	Box to house mare & foal where applicable		
13.6	Compartment surfaces are safe and can be cleaned & disinfected easily		
13.7	Animal compartments clean & disinfected		
13.8	Facilities for urination, defecation & exercise		
13.9	Heating system		
13.10	Adequate ventilation and lighting		
13.11	Sufficient bedding		
13.12	Disposal of bedding		
13.13	Animal identification system		
13.14	Appropriate separate isolation facilities		
13.15	Neonatal care facilities		
13.16	Intensive care facilities		

**Section 14. FOOD STORAGE AND PREPARATION – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
14.1	Defined food storage & preparation area with range of diets		
14.2	Storage to prevent spoiling		
14.3	Bowls clean and disinfected		

**Section 15. ANAESTHESIA & RECOVERY – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
15.1	Adequate supplies of oxygen & equipment for administration		
15.2	Equipment for induction and maintenance of anaesthesia		
15.3	Appropriate equipment for gaseous anaesthesia		
15.4	Servicing of anaesthetic equipment		
15.5	Gas-scavenging system		
15.6	Waste anaesthetic gases monitored annually		
15.7	Equipment & facilities for resuscitation		

**Section 16. SURGERY – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
16.1	Dedicated operating room		
16.2	Equipment for surgical procedures only		
16.3	Separate induction and preparation area		
16.4	Separate scrub area		
16.5	Operating table and light		
16.6	Autoclave		
16.7	Method of sterilisation indication & appropriate dating & labelling		
16.8	Adequate & sterile surgical gowns, drapes, towels & gloves		
16.9	Appropriate clothing and footwear		
16.10	Emergency power source		

**Section 17. LABORATORY – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
17.1	Range of laboratory and clinical pathology services		
17.2	Samples collected, stored, packaged, and dispatched safely and correctly		
17.3	Adequate storage facilities including refrigeration		

**Section 18. RADIOGRAPHY & DIAGNOSTIC IMAGING – Mandatory Requirement**

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
18.1	Complies with EPA legislation		
18.2	Identification of radiographs		
18.3	Appropriate protective equipment & restraining facilities		
18.4	Adequate dosimeters where applicable		
18.5	Technique chart		
18.6	Arrangements for filing storage & retrieval of radiographs		
18.7	Radiography & diagnostic imaging services on site		

## Application Enclosures Checklist

- |   |                          |
|---|--------------------------|
| 1. Completed Certificate of Suitability Application form.   | <input type="checkbox"/> |
| 2. A labelled map identifying the external boundaries of the premises, to include surrounding buildings if applicable.    | <input type="checkbox"/> |
| 3. A labelled floor plan showing the internal layout of the premises and the dimensions of each room within the premises. | <input type="checkbox"/> |
| 4. Documentary evidence of premises out of hours arrangement if not provided for by the practice                          | <input type="checkbox"/> |

## Methods of Payment

The total fee in respect of a new COS in the Registered Veterinary Hospital classification for the 2026-2029 Premises Accreditation Scheme period (from 1 January 2026 to 31 December 2029) is **€2,300** and is required when submitting your application. The fee is calculated as follows:

- A non-refundable application fee of **€600**. This fee includes the cost of a VCI appointed Authorised Officer inspecting the premises and compiling a report to assist the Practice Premises Committee and the Veterinary Council in considering the application.
- The remaining **€1,700** is due if the COS is granted by the Council to cover the cost of the remainder of the 2026-2029 PAS Cycle.

**Payment can be made by any of the following methods:**

- Cheque or bank draft:** can be accepted from an Irish bank account paid in euro only. The cheque will need to be made payable to the 'Veterinary Council of Ireland'. Please put your VCI registration number and name on the back of the cheque or bank draft and attach it to your completed application form. Please note that post-dated cheques cannot be accepted.
- Electronic Funds Transfer:** please email [pas@vci.ie](mailto:pas@vci.ie) for bank transfer details.
- Online Payment:** can be made on the Council's website, [www.VCI.ie](http://www.VCI.ie), by selecting the 'Pay Fees' tab on the homepage.

### Confirm payment method:

- I have paid by cheque or bank draft.
- I have paid by electronic bank transfer.
- I have paid online.

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**Note: A fee of €400 is applicable if at any stage you make an application to change the classification of a registered veterinary premises. A classification change will require an inspection by an authorised officer, and consideration by the Council.**

## Next Steps

**It is recommended that all applications are submitted, at a minimum, three months in advance of the proposed date of opening.** Please be advised that the Practice Premises Committee and the Veterinary Council meet 6-8 times per year, and so application must be submitted in sufficient time to allow the Practice Premises Committee and the Veterinary Council to consider the application.

An assessment visit by an Authorised Officer to inspect the premises is arranged as soon as practicable and a report based on that inspection is considered by the Practice Premises Committee, before being submitted to the Veterinary Council.

**Premises must be ready at time of inspection. If a second assessment of the premises is deemed necessary at any stage by the Veterinary Council in order for an application to be fairly determined, this assessment will be at the expense of the applicant.**

The application for a COS is considered by the Veterinary Council based on the submitted application and the assessment report.

A decision is made by the Veterinary Council as per section 112 (1) of the Act (i.e. to grant, to grant with conditions or to refuse) and the applicant is informed of this decision.