



Application for a Certificate of Suitability

*Registered Veterinary
Office*

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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****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 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 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 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	

Section D: DECLARATIONS

The practice of veterinary medicine and veterinary nursing must NOT be performed 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 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 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 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 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 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.

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.

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.

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.

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.

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.

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.

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.

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:

Section 1. SERVICES & EQUIPMENT - <i>Mandatory Requirement</i>			
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 and clinical pathology services		
1.3	Radiography & diagnostic imaging arrangements or on site		
1.4	Consulting hours and contact information including emergency information displayed at premises & where used, on practice website		
1.5	Safe & secure storage of equipment		
Section 2. RECORDS - <i>Mandatory Requirement</i>			
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		
PAS STANDARDS 2.5 – 2.12 NOT APPLICABLE			
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		

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 and orderly		
5.2	Premises is clean & uncluttered		
PAS STANDARD 5.3 NOT APPLICABLE			
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 animal tissues		
6.3	Freezer storage where applicable		

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 - <i>Mandatory Requirement</i>			
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		
PAS STANDARDS 9.4 – 9.8 NOT APPLICABLE			
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 – <i>Mandatory Requirement</i>			
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		
PAS STANDARD 10.4 NOT APPLICABLE			
10.5	Adequate external lighting		
10.6	Secure doors & windows		

Section 11. EXAMINATION ROOM - <i>Not Applicable</i>
Section 12. TREATMENT/PROCEDURE ROOM - <i>Not Applicable</i>
Section 13. IN-PATIENT FACILITIES - <i>Not Applicable</i>
Section 14. FOOD STORAGE AND PREPARATION - <i>Not Applicable</i>
Section 15. ANAESTHESIA & RECOVERY - <i>Not Applicable</i>
Section 16. SURGERY- <i>Not Applicable</i>

Section 17. LABORATORY - *Scope of Practice Option*

Ref.	Standard	Indicate Compliance (Please tick)	If you have indicated no, please explain why
17.1	Access to 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 - *Scope of Practice Option*

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 restraining facilities		
18.4	Exposure log		
18.5	Use & exposure in compliance with EPA and European legislation		
18.6	Adequate dosimetry & records where required		
18.7	Radiography & diagnostic imaging arrangements in place		

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 Office classification for the 2026-2029 Premises Accreditation Scheme period (from 1 January 2026 to 31 December 2029) is **€1,600** 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 **€1,000** 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 for bank transfer details.
- Online Payment:** can be made on the Council's website, www.VCI.ie, by selecting the 'Pay Fees' tab on the homepage.

Confirm payment method:

- | | |
|----------------------------------------------|--------------------------|
| (1) I have paid by cheque or bank draft. | <input type="checkbox"/> |
| (2) I have paid by electronic bank transfer. | <input type="checkbox"/> |
| (3) I have paid online. | <input type="checkbox"/> |

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.