**《动物诊疗许可证》申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人（单位） | | XXXX动物诊所/动物医院 | | | | | | | | | | | 负责人 | | | | | \*\*\* | |
| 工商预先核准名称（字号） | | \*\*\*\*\* | | | | | | | | | | | 联系电话 | | | | | \*\*\*\* | |
| 申请从业地点 | | \*\*\*\*\*（与申请营业执照一致） | | | | | | | | | | | 经济性质 | | | | | \*\*\* | |
| 申请经营范围 | | 动物疾病的预防、诊断、治疗和动物绝育手术（不含颅腔、胸腔和腹腔手术）  /动物疾病的预防、诊断、治疗和动物绝育手术 | | | | | | | | | | | | | | | | | |
| 员工人数 | 总人数 | | | | 其中:管理人员 | | | | | | 执业兽医 | | | 其他诊疗人员 | | | | | 其它 |
| \* | | | | \* | | | | | | \* | | | \* | | | | | \*\* |
|  | 姓名 | | 性别 | 年龄 | | | 学历 | 执业兽医资格证号 | | | 毕业院校及毕业时间 | | | | | 从事兽医临床工作时间 | | | 健康状况 |
| 负责人 | \*\*\* | | \* | \* | | | \*\* | \* | | | \* | | | | | \* | | | \* |
| 执业  兽医 | \*\*\* | | \* | \* | | | \* | \* | | | \* | | | | | \* | | | \* |
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| 其他诊疗人员 | \*\*\* | | \* | \* | | | \* | \* | | | \* | | | | | \* | | | \* |
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| 营业面积(㎡) | 总面积 | 其　　　　中 | | | | | | | | | | | | | | | | | |
| 候诊室 | | | | 诊疗室 | | | 化验室 | 手术室 | | 药房 | | |  | |  | |  |
| \* | \* | | | | \* | | | \* | \* | | \* | | |  | |  | |  |
| 申请  理由 | 申请人（单位）签字（签章）：  年 月 日 | | | | | | | | | | | | | | | | | | |