

**Uganda Veterinary Board**  
**Plot 76, Buganda Road, Kampala**  
**P. O. Box 16540, Kampala**  
**Email: [uvbregistrar@gmail.com](mailto:uvbregistrar@gmail.com)**  
**Website: [www.ugandavetboard.org](http://www.ugandavetboard.org)**

**Application Form for Registration of Veterinary Facility (Clinic, Hospital, Kennel, Holding Ground)**

1. Calendar year applied for: .....

2. Name of Veterinary Facility:

.....

3. Particulars of Owner/Company

a. Name: .....

b. National ID Number: .....

c. Physical Address: .....

d. Postal Address: .....

e. Phone Number(s): .....

f. Professional Registration Details: .....

g. Email Address: .....

4. Particulars of Facility Veterinary Operator

a. Name: .....

b. National ID Number: .....

c. Physical Address: .....

d. Postal Address: .....

e. Phone Number(s): .....

f. Professional Registration Details: .....

g. Email Address: .....

5. Location of Veterinary Facility

Rural		Urban City / Town / Municipality	
Village/Trading Center		Street & Plot No.	
Parish		Ward	
Sub-county		Division	
County		Town	
District		District	

6. Category of Veterinary Health Unit (Tick)

- Small Animal Clinic
  - Small Animal Hospital
  - Small Animal Kennel
  - Ambulatory Clinic
  - Large Animal Clinic
  - Large Animal Hospital
  - Large Animal Holding Ground
  - Veterinary Laboratory
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- Others (Specify) \_\_\_\_\_

7. Available support facilities (Tick)

- Laboratory services
- X - ray services
- Ultra sound services
- Animal Ambulance services
- Others (Specify) .....

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Qualification of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Operating Veterinary Professional: \_\_\_\_\_

Signature of Operating Veterinary Professional: \_\_\_\_\_

*Date:*

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***For Official Use Only***

*Name of Authorized Veterinary Surgeon Inspector :.....*

*Signature of Authorized Veterinary Surgeon Inspector: .....*

*Date of Inspection: \_\_\_\_\_*

*Recommendations of Inspector:*

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.....  
.....  
.....

*Approved/Not Approved: .....*

*Reason(s):*

.....  
.....  
.....

Registrar ..... Official Seal

Date .....

***Additional Requirements:***

- a) Passport photo of applicant
- b) Signed photocopy of National Identity Card/Passport of applicant.
- c) Passport photo of supervising veterinary professional
- d) Signed photocopy of National Identity Card/Passport of supervising veterinary professional.
- e) Proof of payment of UVB inspection fee

***Bank Details:***

**Account Title:** Uganda Veterinary Board

**Bank:** Stanbic Bank

**Bank Branch:** Forest Mall Branch

**Account Number:** 9030005765314

**SWIFT Code:** SBICUGKX

**Sort Code:** 040147

***NB: Any Stanbic Bank Branch can receive deposits***