 

**Design Awards 2019**

**Official Entry Form**

**The categories for the Design Award 2019 competition are as follows:**

A.  ***New Build***premises

B.  ***Conversion*** of buildings previously used for other purposes

C. ***Refurbishment*** of existing practice premises

**Please note that:**

* **Any** UK practice that hascompleted a building project between June 15, 2017 and June 15, 2019 is eligible to enter the competition
* **All** entries must be postmarked by June 15, 2019

**Section 1. Practice Details**

**1.1. Background**

**Practice details**

|  |  |
| --- | --- |
| Practice Name: |  |
| Street Address: |  |
| City or Town: |  |
| Post Code: |  |
| Email address: |  |
| Website: |  |
| Phone number: |  |
| Completion Date: |  |

**Practice type – please give % in each category**

|  |  |
| --- | --- |
| % Small animal: |  |
| % Large animal: |  |
| % Equine: |  |
| % Referral: |  |

**1.2. Physical Characteristics**

**Project type – tick the one which best fits your practice**

|  |  |
| --- | --- |
| A. New Build: |  |
| B. Conversion: |  |
| C. Refurbishment: |  |

**Square footage**

|  |  |
| --- | --- |
| Total square footage of plan: |  |
| Total square footage of site: |  |

**Miscellaneous**

|  |  |
| --- | --- |
| Number of parking spaces: |  |
| Number of consulting rooms: |  |
| Number of indoor kennels: |  |
| Number of outdoor kennels: |  |
| Seating capacity of reception: |  |

**1.3. People**

**Owners – please give qualifications**

|  |  |
| --- | --- |
| Director / Partner: |  |
| Director / Partner: |  |
| Director / Partner: |  |
| Director / Partner: |  |
| Director / Partner: |  |
| Director / Partner: |  |

**Other practice staff – please give numbers**

|  |  |  |
| --- | --- | --- |
|  | Full Time | Part Time |
| Veterinary Surgeons: |  |  |
| Veterinary Nurses: |  |  |
| Kennel Staff: |  |  |
| Reception staff: |  |  |
| Administration Staff: |  |  |

**Architects**

|  |  |
| --- | --- |
| Architect’s Name: |  |
| Practice Name: |  |
| Street Address: |  |
| City or Town: |  |
| Post Code: |  |
| Website: |  |

**Photographers**

|  |  |
| --- | --- |
| Photographer’s Name: |  |
| Practice Name: |  |
| Street Address: |  |
| City or Town: |  |
| Post Code: |  |
| Website: |  |

**1.4. Projects Costs**

*Note: If your project is a conversion or refurbishment, please include costs for current project only.*

|  |  |
| --- | --- |
| Building costs including fixtures and fittings: | £ |
| New equipment costs including computers: | £ |
| New furnishings and decoration: | £ |
| Professional fees:  | £ |
| Additional fees (taxes, duties, etc.): | £ |

**Section 2. Architectural and Design Information**

*Please answer the questions below. Limit each answer to one page or less.*

**2.1. Design goals**

What were your overall design objectives and specific design goals? How did this reflect your practice philosophy? Please explain any obstacles you overcame.

|  |
| --- |
|  |

**2.2. Floor plan**

Please provide a labeled presentation drawing of each floor, drawn to scale, including square footage.

**2.4. Floor plan and traffic flow**

On a separate copy of the floor plan, please indicate traffic patterns for veterinarians, staff and clients using different arrows or coloured markers for each group.

**2.5. Finishing materials**

Give an overview of materials used in each category. If you know the manufacturers and brand names, please include them.

|  |  |
| --- | --- |
| Flooring: |  |
| Walls: |  |
| Ceilings: |  |
| Work Surfaces: |  |
| Any special features: |  |

**Section 3. Miscellaneous**

**3.1. Describe any unusual features. Please note ideas borrowed from other veterinary hospitals as well as your own design innovations.**

|  |
| --- |
|  |

**3.2. If you could change one thing about your building, what would it be?**

|  |
| --- |
|  |

**3.3. What provisions did you make for future expansion?**

|  |
| --- |
|  |

**3.4. Please describe any environmentally friendly features which you have incorporated into your project.**

|  |
| --- |
|  |

**3.5. What advice would you give to others who are considering such a project?**

|  |
| --- |
|  |

**Section 4. Photographs**

* Include prints of interior and exterior photos with captions.
* All photo images should be on a disc or Flash drive in “.JPG” format.
* Photos must be at least 5 by 7 inches at 300dpi.
* No more than 15 photos to be submitted.

**At least one photo of each of the following (if applicable) is required:**

* Reception area
* Consulting room
* Operating theatre
* Laboratory
* Pharmacy
* Prep / treatment area
* Kennels / hospital wards
* Isolation
* Radiology
* Staff quiet areas
* ‘Before’ photos
* Exterior photo
* Any other interesting or unique features

To the best of my / our knowledge, the submitted information is correct.

 I / we hereby present this entry to the **Design Awards 2019** competition.

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**Owner’s signature(s) (required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Please send entries to:**

**Design Awards 2019**

15 Chaseside Gardens

Chertsey, Surrey

KT16 8JP

***All entries must be postmarked no later than June 15, 2019.***

***For further information please email office@bvha.org.uk***