



College of Veterinarians of British Columbia

CHANGE REGISTRATION CLASS FORM

I, _____, _____,
Please print full name *Registrant #*

request that my CVBC registration class be changed from _____

to _____, effective _____. I vow that

I will not engage in the practice of veterinary medicine in British Columbia until the registrar has

provided authorization that I have met the bylaw requirements for the active class to be

registered in.

Signature of Applicant

Date