



College of Veterinarians of British Columbia

DEACTIVATE REGISTRATION 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 while registered in
the non-practicing class or retired class of registration, or as a cancelled registrant.

Signature of Applicant

Date