



College of Veterinarians of British Columbia

DESIGNATED REGISTRANT (DR) APPOINTMENT FORM

Facility Name: _____

Address: _____

Phone Number: _____

Designated Registrant Declaration:

I, the undersigned, agree to accept the position of Designated Registrant of the above practice or facility and accordingly hereby submit to the College of Veterinarians of British Columbia (CVBC) my name as the Designated Registrant of the same, effective _____.

Further, I have read the CVBC Bylaws Part 3 s. 3.6 and understand my duties and responsibilities as the Designated Registrant of the above named practice or facility and agree to abide by the same.

DR Name: _____

DR Signature: _____

Date: _____

Please submit this completed and signed form to the CVBC office by mail, fax or e-mail prior to commencing operation of the facility or practice.