



# College of Veterinarians of British Columbia

## MEDICAL RECORD LOCATION FORM

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The CVBC collects information regarding client files when a practice closes or closure is pending, and from the practice of a recently deceased registrant.

The CVBC recommends that client files be transferred to another practice to provide the client or successor veterinarian with a copy of the medical record on request.

The designated registrant (DR) is required to complete and return this form to the CVBC and to keep the CVBC current of the DR's intention with respect to client records.

**Name of Facility:** \_\_\_\_\_

**DR of Facility:** \_\_\_\_\_

**Date Facility Closed:** \_\_\_\_\_

Please complete one of the following:

**A) Retain records in my possession**

Yes

No

If yes, DR contact information:

\_\_\_\_\_  
\_\_\_\_\_

**B) Transfer records to another practice**

Yes

No

If yes, practice name and contact information:

\_\_\_\_\_  
\_\_\_\_\_