



College of Veterinarians of British Columbia

PRACTICE FACILITY NAME APPLICATION OR CHANGE FORM

Applicant Information:

Date: _____

Registrant Name: _____

Address: _____

Phone/Fax/E-mail: _____

Facility/Practice Location: _____
(if exact location is not known please provide a general location)

Scope of Practice: _____
(i.e. companion animal, equine, mixed animal, food animal, avian, exotic, etc.)

This is an application for approval of the following new facility or practice name:

First Choice: _____

Second Choice: _____

Third Choice: _____

This is an application for approval to change the following facility or practice name:

From: _____

To: _____

Notes:

- Please attach **BC Registry Services** “Results of Name Request” for each name to be considered with this Application. One BC Registry approval for each name submitted.
- **Application Fee** (\$300 + GST = \$315) must be received by the office before the application will be considered. Please mail a cheque or call the number below to pay by card.
- **Approval** is provided by the Registrar pursuant to the Bylaws Part 3 Accreditation and Naming, s. 3.23 to s. 3.28.