



# College of Veterinarians of British Columbia

## APPLICATION TO CANCEL REGISTRATION<sup>1</sup>

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I, \_\_\_\_\_, \_\_\_\_\_, apply to cancel my CVBC registration,  
*Full Name* *Registrant #*

effective \_\_\_\_\_.

I undertake that I will not engage in the practice of veterinary medicine in British Columbia without a license.

My last place of employment was: \_\_\_\_\_

I am the Designated Registrant of this facility:

- Yes  No

If “yes” and the facility continues to be in operation, it is your responsibility to ensure that the DR duties have been transferred to another registrant and that the office has been notified. The Designated Registrant duties have been transferred to: \_\_\_\_\_ with his/her consent.

If “yes” and the facility is closing, you must complete all requirements for facility closure as provided in the *Practice Facility Closure Protocol and Rules* policy, review the *Closed Practice Record Retention Guidelines* and complete and submit the “Medical Record Location Form” to the office (see [www.cvbc.ca](http://www.cvbc.ca) ‘Resources’ > ‘Practice Facilities’).

If “no” have you notified the DR of your intended cancellation?

- Yes  No

My reason for cancelling my registration is:

- I am retiring  
 I am taking a leave of absence  
 I am moving away from British Columbia and will be practising veterinary medicine under licensure in another jurisdiction: \_\_\_\_\_  
 I am changing careers  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<sup>1</sup> Pursuant to s. 2.26 of the CVBC Bylaws