



College of Veterinarians of British Columbia

CONTACT AND PRACTICE INFORMATION FORM

PART I: Contact Details

Registrants are required to inform the CVBC of their current contact information and the name(s) of the accredited facility(ies) from which they regularly provide veterinary services. If the registrant is a locum or consultant that is providing services from multiple facilities, then he/she need not list the facilities, but must instead declare that they are working in the capacity of a locum or consultant.

Full Name _____ Registrant # _____

Facility Name _____

Facility Address _____

Mailing Address _____

Work Phone _____ Fax _____ E-mail _____

Home Address _____

Home Phone _____ Cell _____ E-mail _____

Communications from the CVBC requiring delivery of hard copies should go to (choose one):

- Work Address Home Address

Communications that may be delivered electronically should go to (choose one):

- Work E-mail Personal E-mail

PART II: Online Registry

The *Veterinarians Act* requires the CVBC to maintain an online registry. Online publication of your business name, address and telephone number is **optional**.

Please choose one of the following options.

- I wish to have all of my business information listed.
- I wish to have only my business name and telephone number listed.
- I do not wish to have any of my business information listed.

PART III: Practice Information

Please indicate your areas of practice and the proportion of your practice that it represents.

- Small Animal _____%
- Equine _____%
- Large Animal _____%

Please indicate your areas of interest and the proportion of your practice that it represents.

- | | |
|--|--|
| <input type="checkbox"/> Academic _____% | <input type="checkbox"/> Government _____% |
| <input type="checkbox"/> Acupuncture _____% | <input type="checkbox"/> Homeopathy _____% |
| <input type="checkbox"/> Administration _____% | <input type="checkbox"/> Industrial _____% |
| <input type="checkbox"/> Ambulatory _____% | <input type="checkbox"/> Laboratory _____% |
| <input type="checkbox"/> Aquaculture _____% | <input type="checkbox"/> Llamas/Alpacas _____% |
| <input type="checkbox"/> Avian _____% | <input type="checkbox"/> Locum _____% |
| <input type="checkbox"/> Chiropractic _____% | <input type="checkbox"/> Marine Mammals _____% |
| <input type="checkbox"/> Dairy _____% | <input type="checkbox"/> Massage Therapy _____% |
| <input type="checkbox"/> Deer Farming _____% | <input type="checkbox"/> Ophthalmology _____% |
| <input type="checkbox"/> Dentistry _____% | <input type="checkbox"/> Pathology _____% |
| <input type="checkbox"/> Dermatology _____% | <input type="checkbox"/> Poultry _____% |
| <input type="checkbox"/> Embryo Transfer _____% | <input type="checkbox"/> Rabbits _____% |
| <input type="checkbox"/> Emergency _____% | <input type="checkbox"/> Referral Surgery _____% |
| <input type="checkbox"/> Exotics _____% | <input type="checkbox"/> Reptiles _____% |
| <input type="checkbox"/> Federal Government _____% | <input type="checkbox"/> Research _____% |
| <input type="checkbox"/> Feline _____% | <input type="checkbox"/> Sheep _____% |
| <input type="checkbox"/> Fish (pet) _____% | <input type="checkbox"/> Swine _____% |
| <input type="checkbox"/> Food Animals _____% | <input type="checkbox"/> Theriogenology _____% |
| <input type="checkbox"/> Fur-bearing _____% | <input type="checkbox"/> Wildlife _____% |
| <input type="checkbox"/> Goats _____% | <input type="checkbox"/> Zoo Animals _____% |

Signature _____

Date _____