



# Veterinarian Application Form

Personal and Contact Information				
<b>Name</b>	(last)	(first)	(init.)	
▼ Home Contact Information ▼		▼ Work Contact Information ▼		
		Business or Employer Name		
# and Street (1)		# and Street (1)		
# and Street (2)		# and Street (2)		
City/Town		City/Town		
Country		Country		
Postal Code		Postal Code		
Telephone		Telephone		
Cell Phone		Cell Phone		
Fax		Fax		
E-Mail		E-Mail		
In an emergency contact me at:				
Professional Information <small>(indicate with an "x")</small>				
Do you have a Canadian Veterinary Certificate of Qualification?		▶	Yes	
			No	
			Don't Know	
<b>Current Memberships</b> ▶	<b>Veterinary Association(s)</b>	<b>License #</b>	<b>Type</b> <small>(General, Academic, Public, etc.)</small>	<b>Year Obtained</b>
<b>Post graduate degrees</b> <small>(if applicable)</small> ▶	<b>Indicate Masters; PhD; other (specify)</b>	<b>Specialty</b>	<b>Academic Institution</b>	<b>Year Obtained</b>
<b>Board Certifications or recognized specialization</b> ▶	<b>List all</b>			<b>Year Obtained</b>
▼ <b>Special Training (toxicology; disaster medicine; foreign animal disease training; other?)</b> ▼				



<b>Current Employment Information</b>				
▼ Practice Type ▼ <small>(mark with an "X" all applicable)</small>			▼ Position Type ▼ <small>(mark with an "X" all applicable)</small>	
Type	"X"	Since (year)	Type	"X"
Academia (graduate studies, teaching, diagnostic, research etc.)			Administrator/Manager/Director	
Government – federal			Associate	
Government – provincial, territorial, municipal			Clinician	
Industry/Commercial			Consultant	
Laboratory			Hospital Manager	
Not employed/Retired			Inspector/Regulator/Analyst	
Non-Profit/Non-Government Organization			Locum	
Private Clinical Practice			Practice Owner/Partner	
Zoo/Aquarium			Professor/Educator	
Other (specify)			Program/policy – AH/PH	
			Researcher	
			Other (specify)	

  

<b>Current Employment – Animal Species Contact</b>			
<small>(Please indicate the % of time spent on each – total not to exceed 100%)</small>			
Species	% of time	Species (continued)	% of time
Aquatic – farmed		Equine	
Avian farmed (poultry, ratites, etc.)		Exotics	
Avian – pet birds		Feline	
Bees		Furbearing – farmed	
Bison		Lab. Animals	
Bovine – beef		Ovine/Caprine	
Bovine – dairy		Porcine	
Bovine – veal		Wildlife	
Camelidae		Zoo/Marine	
Canine		Other (please specify)	
Cervidae		No animal species contact	

  

<b>Other Employment and Accreditation Information</b>			
Are you currently CFIA (Canadian Food Inspection Agency) accredited for any of the following? <small>(mark with an "X" all applicable)</small>			
Cattle		Poultry	
Horses		Other (specify)	
Swine		None	
Have you ever been employed in a Canadian government organization? ▶			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate:			
a) Government of:			
b) Position:			
c) City/Town:			
d) Duration of employment and year(s):			



Other Information			
<b>Have you ever had any Emergency Preparedness and Response training? If so, please provide details below:</b>			
<b>Course title(s)</b>	<b>Course organization(s)</b>	<b>City/Town</b>	<b>Duration of training and year completed</b>
<b>If you have prior experience in Emergency Response please describe in detail here:</b>			
<b>Do you have any other specific skills or training that you feel may be of value to the Canadian Veterinary Reserve (i.e. participation in emergency exercises and/or simulations; emergency response training; specific knowledge of/training in Incident Command System; hazardous materials training; St. John's Ambulance training; first aid; CPR; other)? If so please provide details below:</b>			
<b>Do you have the following?</b> <i>(indicate with an "x")</i>			<b>Yes</b>
<b>(a)</b> A valid driver's licence			<input type="checkbox"/>
<b>(b)</b> A government security clearance (enhanced reliability or higher)			<input type="checkbox"/>
<b>(c)</b> If you answered "No" to (b) above, would you agree to a security assessment being done?			<input type="checkbox"/>
<b>(d)</b> A health certificate issued within the last 12 months			<input type="checkbox"/>
<b>(f)</b> Would you agree to a health assessment or re-assessment being done if required by the CVR?			<input type="checkbox"/>
Language Proficiency			
<b>Do you consider yourself to be linguistically competent to work in:</b>		<b>Yes</b>	<b>No</b>
	<b>English</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>French</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Spanish</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specify other languages in which you are proficient:</b>			
<b>CVR – Potential Annual Time Commitment</b>			
<b>In the event of an emergency, might you be able to commit up to three weeks of paid service per year as a Reservist anywhere in Canada, or abroad? (indicate with an "x")</b>		<b>Yes</b>	<b>No</b>
		<b>Canada</b>	<input type="checkbox"/>
		<b>Abroad</b>	<input type="checkbox"/>
<b>Would you be interested in service periods longer than three weeks at a time?</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Upon notification, how soon would you be ready to report for duty? (indicate with "x")</b>		<b>Less than 1 day</b>	
		<b>Less than 3 days</b>	
		<b>Less than 1 week</b>	
		<b>More time required (specify)</b>	

**Deployment Emergency Contact Information**

Please indicate who we should contact in the event of an emergency involving you when you are actively deployed in either CVR training or service.

<b>Emergency Contact Name</b>	(last)	(first)	(init.)
<b>Emergency contact's relationship to applicant</b> ▶			
<b>▼ Emergency Contact – Home Information</b>		<b>▼ Emergency Contact – Work Information</b>	
		<b>Business or Employer Name</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>Cell Phone</b>		<b>Cell Phone</b>	

**Agreement between the Canadian Veterinary Medical Association (CVMA) and the Applicant:**

I hereby agree to be governed by the direction and authority of the mandated response organization and by the professional codes and bylaws of the host province's veterinary licensing authorities.

I agree to restrict the scope of my veterinary services while deployed as a Reservist to those that will be outlined by the governing authority for the emergency in which I am called to serve.

I agree to update/confirm my contact, and content information for the Canadian Veterinary Reserve (CVR) annually (Nov 30) to maintain my status on the CVR.

I agree to CVMA sharing my application information with the government organizations/agencies involved with the CVR in respect to the relevant emergency or pending emergency and with the provincial licensing authorities, in accordance with the CVMA Corporate Privacy policy, and as required for the purposes of the Canadian Veterinary Reserve.

I agree that information about me held by the provincial licensing authorities may be shared with the CVMA, for the purpose of the CVR, if requested.

I accept that the CVMA has the final and unfettered authority to assign Reservists.

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Submit Your Application as Follows:**

**FAX** completed and signed forms to the attention of CVR Administrator at **(613) 236 9681**  
**or by Mail:** Canadian Veterinary Reserve, c/o CVMA, 339 Booth Street Ottawa, ON K1R 7K1

For CVMA members, additional information and answers to frequently asked questions are available at:  
<http://canadianveterinarians.net/veterinary-reserve.aspx>

**Further questions?** Call CVMA office at 613 236 1162 (ext.130) or e-mail [reserve@cvma-acmv.org](mailto:reserve@cvma-acmv.org)