



College of Veterinarians of British Columbia

DESIGNATED REGISTRANT (DR) CHANGE OF APPOINTMENT FORM

Facility Name: _____

Address: _____

Phone Number: _____

NEW Designated Registrant Declaration:

I, the undersigned, agree to take over the position of Designated Registrant of the above practice or facility and accordingly hereby submit to the College of Veterinarians of British Columbia my name as the new Designated Registrant of the same, effective _____.

Further, I have read the CVBC Bylaws Part 3 s. 3.6 and understand my duties and responsibilities as the Designated Registrant of the above named practice or facility and agree to abide by the same.

New DR Name: _____

New DR Signature: _____

Date: _____

Please submit this completed and signed form to the CVBC office by e-mail to facilities@cvbc.ca or by fax to 604-929-7095 promptly as a facility may not operate without a DR.