



College of Veterinarians of British Columbia

PRACTICE FACILITY NAME APPLICATION OR CHANGE FORM

Applicant Information (see Note #1):

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.)

Type(s) of Practice Facility: _____

(i.e. fixed facility and/or mobile, other)

Request Option 1: This is an application for approval of the following new facility or practice name:

*(Write your name request(s) **exactly** as you wish to use it in your advertising – with proper spaces and capitalization)*

First Choice: _____

Second Choice: _____

Third Choice: _____

Request Option 2: This is an application for approval to change the following facility or practice name:

*(Write your name request(s) **exactly** as you wish to use it in your advertising – with proper spaces and capitalization)*

From: _____

To: _____

First Choice: _____

Second Choice: _____

Third Choice: _____

I have reviewed the CVBC Bylaw requirements and restrictions regarding practice facility names (Bylaws Part 3 - Accreditation and Naming, sections 3.25-3.26) and I confirm that the proposed names accurately reflect and will not misrepresent the nature of the facility or the services that will be provided.

I understand that, should the nature of the facility and/or the services provided change at any time following this approval, that I may be required to change the facility name in order to ensure compliance with the CVBC Bylaws.

Additional Applicant Information (if owner is a non-registrant and the registrant identified in the main Applicant Information is acting as Designated Registrant and on behalf of the owner):

Non-Registrant Applicant Name: _____

Address: _____

Phone/E-mail: _____

Applicant Signatures:

Registrant Applicant Signature: _____

Date: _____

Non-Registrant Applicant Signature (if relevant): _____

Date: _____

Notes:

1. The CVBC Bylaws specify that "a registrant must apply to the Registrar for name approval of a practice or facility."
The primary applicant named on this form must be the registrant who will act as Designated Registrant for the purposes of applying for and maintaining the facility accreditation . If the owner of the practice/intended practice is a non-registrant, then both the owner and the CVBC-registrant who is undertaking the role of "Designated Registrant" for the facility must be identified on the application form.
2. 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.
3. **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 bycard.
4. **Approval** is provided by the Registrar pursuant to the Bylaws Part 3 Accreditation and Naming, s. 3.23 to s. 3.28.