



# College of Veterinarians of British Columbia

## CONFIRMATION OF PRACTICE FACILITY NAME OWNERSHIP CHANGE

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### To be completed by the seller

**Date:**

**Practice Facility Name:**

**Seller Information:**

**Buyer Information:**

**Effective Date of Transfer: (mm/dd/yyyy)**

Designated Registrant Change:

There will be no change in designated registrant

A new designated registrant will be appointed by the new owner.

**As per Bylaw 3.24(1), a sale of a facility may require a name transfer application by the new owner/registrant. This will be dependent on ownership structure and BC Registry requirements. By signing the form, you are agreeing to release the facility name to the buyer noted above.**

Signature: \_\_\_\_\_

Date: