



College of Veterinarians of British Columbia

APPLICATION FOR APPROVAL OF A PRACTICE NAME

Applicant Information (see Note #1):

Date:

Registrant Name:

Address:

Phone/Fax/E-mail:

Facility/Practice Location:

(if exact location is not yet confirmed, please provide a general location such as neighbourhood, town, city, region)

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

Owner Name (may be a corporation):

Phone/E-mail:

Intended Scope of Practice:

(i.e. companion animal, equine, mixed animal, food animal, avian, exotic, etc.)

Intended Type(s) of Practice or Facility:

(i.e. consulting, fixed facility and/or mobile, emergency, specialist, after hours)

This is an application for approval of the following NEW practice or practice facility name:

**it is strongly recommended that you submit a selection of possible names. in order of preference*

*(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:

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.

Applicant(s) Signatures:

Registrant Applicant Signature:

Date:

Non-Registrant Applicant Signature:

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 is considered. The fee can be paid online through the applicant's registrant portal.
4. **Approval** is provided by the Registrar pursuant to the Bylaws Part 3 Accreditation and Naming, s. 3.23 to s. 3.28.