



# College of Veterinarians of British Columbia

## APPLICATION FOR APPROVAL OF A PRACTICE / PRACTICE FACILITY NAME

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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 practice or practice facility name:** *\*it is strongly recommended that you submit a selection of possible names. in order of preference*

**\*\*Approval for name use will be for the name exactly as it is submitted in this form.**

Write your name request(s) exactly as you wish to use it in your advertising (word spacing, use of capitals vs. lowercase, etc)

First Choice:

Second Choice:

Third Choice:

**Request Option 2: This is an application for approval to CHANGE an EXISTING practice or practice facility name:** *\*it is strongly recommended that you submit a selection of possible names. in order of preference*

**\*\*Approval for name use will be for the name exactly as it is submitted in this form.**

Write your name request(s) exactly as you wish to use it in your advertising (word spacing, use of capitals vs. lowercase, etc)

From:

To:

First Choice:

Second Choice:

Third Choice:

**\*Desired Effective Date for Public Name Change:**

*For Name Changes: Approval of a new name replaces the prior approval for the existing name.*

*The CVBC expects steps to be taken promptly to complete the "rebranding" of your business, but will delay implementation of the approved name for a reasonable, specified period of time (no more than 3 months) to make the necessary.*

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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** (complete this section if the 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.