



College of Veterinarians of British Columbia

APPLICATION FOR A PRACTICE NAME CHANGE

Applicant Information (see Note #1):

Date:

Designated Registrant Name:

Current Practice Name:

E-mail:

Practice Owner 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):

Owner Name (may be a corporation):

Phone/E-mail:

This is an application for approval to CHANGE an EXISTING practice or practice facility name to:

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

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

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 changes

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 Signature:

Date:

Notes:

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.

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.

Application Fee (\$350.00 + GST = \$367.50) must be received by the office before the application is

considered. The fee can be paid online through the applicant's registrant portal.

Approval is provided by the Registrar pursuant to the Bylaws Part 3 Accreditation and Naming, s. 3.23 to s. 3.28.