



College of Veterinarians of British Columbia

APPLICATION FOR CONFIRMATION OF USE FOR PREVIOUSLY APPROVED PRACTICE OR PRACTICE FACILITY NAME (April 2026)

1. The applicant who holds approval of an accredited practice or facility name, pursuant to the CVBC Bylaws, may submit this Application to request a letter confirming the College grants approval for use of that practice name and protected terms therein.
2. **Proof of BC Registries Services "Results of Name Request" must be submitted with the application.**
3. If verified with information on file at the College, the office will provide a letter confirming approval for use of name and any protected terms therein.
4. It is the **responsibility of the applicant** to submit this letter to the BC Registry to finalize registration with them.
5. The applicant should provide confirmation of final registration with the BC Registry to the College within 30 days.
6. The College reserves the right to direct submission of an alternate application for name approval if this process expands beyond a simple administrative task.
7. If there are discrepancies in registrant or College records as to who has approval for use of the accredited practice name, the individual or corporation who has the name registered at BC Registry will be considered to have entitlement to approval for use of the name at the College in relation to application of College bylaws. If this individual is not a registrant, or it is a corporation, they may designate a registrant who will hold approval for use of the name at the College.



College of Veterinarians of British Columbia

APPLICATION FOR CONFIRMATION OF USE FOR PREVIOUSLY APPROVED PRACTICE OR PRACTICE FACILITY NAME

Applicant Information (Registrant who has existing approval): **Date:**

Registrant Name:

Registration Number:

Address:

Phone/E-mail:

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

Owner Name:

Phone/E-mail:

Confirmation Request Information:

Approved Practice Name:

Name for Confirmation Request:

Reason for Request:

I confirm that the above information is accurate, and that the applicant is the registrant who holds the current approval for the approved practice name indicated on this form.

Applicant(s) Signatures:

Registrant Applicant Signature: Date:

Non-Registrant Applicant Signature: Date: