



College of Veterinarians of British Columbia

APPLICATION FOR A NEW PRACTICE OR FACILITY NAME (April 2026)

BEFORE applying for name approval with the College review [Part 3 of the Bylaws](#) and the [Practice Facility Naming Guidelines](#).

1. Complete this form in its entirety and email to facilities@cvbc.ca
2. The application will proceed only once payment of Fee for Application of a Market name of \$ 350.00 (+ GST) is paid. This fee will be posted to the account of the applicant.
3. The first-choice name will be reviewed and considered by the Director, Practice Facilities. If considered to meet the relevant bylaws and guidelines, a letter of Provisional Approval for the name will be provided.
4. If the first choice is declined, this will be explained and feedback on the second and third choices will be provided to the applicant, who may confirm by email their new name choice. Once a new choice is found to meet the bylaws and guidelines, a letter of Provisional Approval will be provided.

Please Note:

- a. If the first name is declined and no second or third name choice is provided, or the ones provided are not uniquely different, the applicant may need to apply again and **pay the associated name application fee**.
 - b. On the small chance the BC Registry cannot register the approved name; the CVBC will consider a new name at no charge. Please be aware that other protected terms may exist that the CVBC is not aware of and if in doubt you may want to check with BC Registry first (especially if you use terms that may be related to other professions).
 - c. Specific requirements regarding the use of 'Specialty'/'Specialist', 'After hours', 'Hospital', 'Emergency', 'Mobile', 'Ambulatory', 'Housecall', or 'Consulting' in a facility or practice name are included in the bylaws, [Part 3 - Accreditation and Naming, s. 3.26](#), 'Restrictions'.
5. The CVBC Provisional Approval letter can then be submitted to BC Registry **by the applicant** to register the practice name.
 6. Once the BC Registry registers the name, provide confirmation to facilities@cvbc.ca.
 7. **If the final confirmation of registration from BC Registry has not been provided to the CVBC, an application for accreditation using that name cannot proceed.**
 8. **A one-year expiry** is attached to a name approval for a new practice name. If the practice has not applied for accreditation by one year of post approval, an extension can be requested. Otherwise, the name will be considered lapsed. It is the responsibility of the registrant to request an extension for the name.
 9. If the first choice of name is not approved, the applicant may request a review of that name by the Registrar with an explanation of why it should be accepted. If the name is declined by the Registrar, a review of the name by Council may be sought pursuant to Section 3.24(3).



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Applicant Information:

Date:

Registrant Name:

Registration Number:

Address:

Phone/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 on behalf of the owner):

Owner Name:
(may be corporation)

Phone/E-mail:

Intended Scope of Practice:

(i.e. companion animal, equine, large animal, full service vs. limited services)

Intended Type(s) of Practice:

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

Other information that may be relevant in consideration of the name(s):

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

Write your requests **exactly** as you wish to use it in your advertising – with proper spaces and capitalization.

First Choice:

Second Choice:

Third Choice:



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I have reviewed the CVBC Bylaw requirements and restrictions regarding practice and 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 practice or facility or the services that will be provided.

I understand that, should the nature of the practice or facility and/or the services provided change at any time following this approval, that I may be required to change the practice or facility name in order to ensure compliance with the CVBC Bylaws.

Applicant(s) Signatures:

Registrant Applicant Signature:

Date:

Non-Registrant Co-Applicant Signature: (if applicable)

Date: