

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

BEFORE applying for a name approval with the College review Part 3 of the Bylaws and the Practice Facility Naming Guidelines.

1. Complete this application in its entirety and email the completed form 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 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.
5. The CVBC Provisional Approval letter can then be submitted to BC Registry **by the applicant** to register the practice name as a business.
6. Once the BC Registry registers the name, email the confirmation to facilities@cvbc.ca within 30 days.

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 can not 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'.
7. **If the final confirmation of registration from BC Registry has not been provided to the CVBC, a public name change using that name cannot proceed.**
 8. 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).



College of Veterinarians of British Columbia

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Applicant Information:

Date:

Registrant Name:

Registration Number:

Phone/E-mail:

Current Practice Name:

Practice 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:

This is an application for approval to change an existing practice or facility name to:

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

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 "re-branding" 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



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I have reviewed the CVBC Bylaw requirements and restrictions regarding practice or 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 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: