



# CHANGE OF NAME APPLICATION

To request a change to a name listed on the public register, please complete this form and mail it along with the supporting documentation to the College for processing.

College of Veterinarians of Ontario  
2-71 Hanlon Creek Blvd  
Guelph, ON N1C 0B1

Questions?  
Please call 519-824-5600 or  
800-424-2856 (Toll Free in Ontario) ext.  
2404  
Email: Licensure [licensure@cvo.org](mailto:licensure@cvo.org)

As per Regulation 1093 ss. 51, the name of a licensed member entered in the public register must be the name shown on their basic degree in veterinary medicine – unless an application to have the name changed (with appropriate supporting documentation) is approved by the Registrar. As per Regulation 1093 ss. 52(1)1, if a member has changed their name, any past names used by the licensed member since beginning to practise veterinary medicine will be posted on the public register.

The name licensed members use in the practice of veterinary medicine must be the same as the name that is entered in the public register

Last name on file at the College \_\_\_\_\_

First name on file at the College \_\_\_\_\_

Licence number \_\_\_\_\_

First and Last Name requested to appear on the public register

This application must be supported by one or more of the following documents. Please indicate which item(s) are attached.

- A certified true copy of an order of a court of competent jurisdiction in Ontario changing the member's name or a change of name certificate issued under the *Change of Name Act*.
- A certified true copy of a valid certificate of marriage or of a decree absolute of divorce from a court in Canada.
- Documentary material, that in the opinion of the Registrar, sufficiently identifies the member as the person named in the documentary evidence of their basic degree in veterinary medicine.

\_\_\_\_\_  
Signature of Licensed Member

\_\_\_\_\_  
Date

Note: "Certified True Copy" means a copy issued by the government. The College will return original or certified copies of documents to the applicant on request.

### FOR OFFICE USE ONLY

Approval Date \_\_\_\_\_

Authorized by \_\_\_\_\_

NB - The information collected on this form is used for the purpose of regulating the profession and practice of veterinary medicine. The immediate purpose for collecting this information is primarily to process this application. For more information, see the [CVO's Privacy Code](#) or contact CVO's Privacy Officer & Registrar.