



2106 Gordon Street,
Guelph, ON
N1L 1G6
Phone: 1- 800-424-2856 or 519-824-5600
Fax: 1- 888-662-9479 or 519 824-6497
Website: www.cvo.org
Accreditation: Aneeta Bharij, Ext. 2230
abharij@cvo.org

APPLICATION FOR NEW PRACTICE INSPECTION AND ACCREDITATION

Date of Application: _____

In accordance with Part I, section 10 (a)-(d) of O.Reg.1093,
I, Dr. _____

hereby make application for inspection and accreditation of the following facility:

Facility name: _____

Located at Street No. or R.R. No.: _____

Lot No.: _____ Concession No.: _____
(if R.R.) (if R.R.)

Township: _____ County: _____

City: _____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

email address: _____

Is this address changed from the address provided on the *Application for Facility Name*?
___ Yes ___ No

PROPOSED DATE OF OPENING: _____

CONTACT PHONE NUMBER: (if different) _____

ANY ADDITIONAL INFO:

I confirm that (check the **appropriate box**):

I am the **owner** of, or **partner** in, the practice conducted in or from the facility that is the subject of this application,

OR

I am the **veterinary director** of the practice and am submitting to the College, the written authority of the owners or partners of the practice to provide the undertaking required below.

AND I CONFIRM THAT:

I am providing the written undertaking to be responsible for the facility.

I hold a general or restricted license, the conditions of which are consistent with the conditions of the Certificate of Accreditation.

Category(ies) for which application is being made (check one or more):

**(please indicate number (#) of mobiles in the box)*

<input type="checkbox"/>	Companion Animal Hospital	<input type="checkbox"/>	Food Producing Animal Hospital				
<input type="checkbox"/>	Companion Animal Office	<input type="checkbox"/>	# Food Producing Animal Mobile ¹				
<input type="checkbox"/>	Companion Animal Mobile Office	<input type="checkbox"/>	Equine Clinic				
<input type="checkbox"/>	# Companion Animal Mobile	<input type="checkbox"/>	# Equine Mobile ²				
<input type="checkbox"/>	Companion Animal Emergency Clinic	<input type="checkbox"/>	# Equine Emergency Mobile				
<input type="checkbox"/>	Companion Animal Spay-Neuter Clinic	<input type="checkbox"/>	Poultry Service				
<input type="checkbox"/>	Remote Companion Animal Mobile	<table border="1"><tr><td>D</td><td><input type="checkbox"/></td></tr><tr><td>O</td><td><input type="checkbox"/></td></tr></table>	D	<input type="checkbox"/>	O	<input type="checkbox"/>	Specialty Animal Hospital
D	<input type="checkbox"/>						
O	<input type="checkbox"/>						

Please indicate name(s) of **all** owner(s) (Please use a separate sheet, if required)

Signature of Director/Owner: _____

**** All mail will be addressed to you unless directed otherwise.*

¹ A Food Producing Animal Mobile may treat both food producing animals and horses.

² An Equine Mobile may treat **only** horses.