



2106 Gordon Street,  
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Website: [www.cvo.org](http://www.cvo.org)  
Accreditation Contact: Mary Wyness  
Ext. 2230  
mwyness@cvo.org

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## 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 <sup>1</sup> |                          |   |                          |                           |
| <input type="checkbox"/> | Companion Animal Mobile Office      | <input type="checkbox"/>   | Equine Clinic                               |                          |   |                          |                           |
| <input type="checkbox"/> | # Companion Animal Mobile           | <input type="checkbox"/>   | # Equine Mobile <sup>2</sup>                |                          |   |                          |                           |
| <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)*

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**Signature of Director/Owner:** \_\_\_\_\_

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

<sup>1</sup> A Food Producing Animal Mobile may treat both food producing animals and horses.

<sup>2</sup> An Equine Mobile may treat **only** horses.