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## APPLICATION FOR PROFESSIONAL CORPORATION NAME

### BY-LAWS

PART 9. of the By-laws read:

44. (1) A professional corporation may be eligible for a certificate of authorization if the following conditions are met:
1. The articles of incorporation provide that the corporation may not carry on a business other than the practice of the profession and activities related to or ancillary to the practice of the profession.
  2. The name of the corporation complies with the requirements in section 3.2 of the *Business Corporations Act*<sup>1</sup> and with those set out in subsections (2) to (5)
  3. Each shareholder of the corporation holds a licence issued by the Registrar. Before applying for a certificate of authorization, a member shall first obtain the approval of the Registrar for the proposed name of the professional corporation and take the necessary steps to incorporate the professional corporation.
  4. None of the shareholders of the corporation have been involved as shareholders of a professional corporation whose certificate of authorization was suspended or revoked unless the registrar is satisfied that it is unlikely that the certificate of authorization being applied for will be suspended or revoked.
44. (1.1) Despite paragraph 3 of subsection (1), a shareholder may hold the shares of a professional corporation through a holding company so long as all of the shares of the holding company are held by individuals holding licences issued by the Registrar. Unless the context suggests otherwise, a reference to “shareholder” in this part refers to the individuals who hold, directly or indirectly, the shares of a veterinary professional corporation.
44. (2) A name of a professional corporation shall,
- (a) be proper and fitting; and
  - (b) include,
    - (i) the name or names of all of the shareholders of the professional corporation as they appear in the register of members referred to in subsection 19(1) of the Act,

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<sup>1</sup> The *Business Corporations Act* requires the words “Professional Corporation” to be in the name and prohibits numbered names.

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- OR (ii)** the name of the accredited facility owned by a shareholder of the professional corporation at which the practice is carried on **exclusively** through the professional corporation, or

**(Note: if the professional corporation will be practising through more than one facility, then the name of one of the accredited facilities can not be used)**

- OR (iii)** a geographical reference appropriate to the location of the accredited facility or facilities at which the practice is carried on or the surname of a present or previous shareholder that is not easily confused with the name of any other member, accredited facility or professional corporation and, subject to subsection (3), one of the words "animal", "pet" or "veterinary" or their equivalents in French.

44. (3) If the practice of the professional corporation is restricted to one particular species, the name of that species may be used alone or in conjunction with one of the words "animal", "pet" or "veterinary" or their equivalents in French and, if the practice of the professional corporation is restricted to poultry, the word "poultry" or its equivalent in French, alone or with the word "veterinary" or its equivalent in French.
44. (4) The name may be in either English or French or in both languages.
44. (5) The name of a professional corporation shall not use designations or terms used by veterinary facilities except as permitted in subclause (2)(b)(ii).

***PLEASE HAVE THE NAME APPROVED BY THE CVO BEFORE YOU REGISTER THE NAME ANYWHERE ELSE.***

**NOTE:** *A name search will be carried out in the College's registers to attempt to identify similar names.*

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### **APPLICATION FOR PROFESSIONAL CORPORATION NAME**

Date of application: \_\_\_\_\_

In accordance with Part 9., section 44. of the By-laws. *Refer to the cover pages.*

**I, Dr.** \_\_\_\_\_  
Please Print Name of Proposed Managing Director

a licensed member of the College of Veterinarians of Ontario hereby make application for the professional corporation name of

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Name: **FIRST CHOICE:** \_\_\_\_\_ Professional Corporation

**Note:** If the first element chosen is a geographical reference, the significance of which is not obvious, please provide a brief explanation.

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Located at Street No. or R.R. No.: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Concession No.: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**In the event that your proposed name is not authorized, please list alternative choices:**

**SECOND CHOICE:** \_\_\_\_\_ Professional Corporation

**Note:** If the first element chosen is a geographical reference, the significance of which is not obvious, please provide a brief explanation.

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**THIRD CHOICE:** \_\_\_\_\_ Professional Corporation

**Note:** If the first element chosen is a geographical reference, the significance of which is not obvious, please provide a brief explanation.

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I confirm that:

I am the proposed **managing director** of the proposed professional corporation and am submitting to the College, the written authority of the proposed shareholder(s) of the professional corporation to provide the undertaking required below.

I am providing this written undertaking to be responsible for the proposed professional corporation's dealings with the College.

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

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Please indicate name(s) of shareholder(s). *\*\*\*Use separate sheet if required.*

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**Please indicate name(s) of veterinary facility(ies) that the professional corporation will be practising through and will be owned by the shareholders of the corporation:**

**(NOTE: If the professional corporation is practising through more than one facility, then it can not be named after one of the facilities.)**

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**DATE:** \_\_\_\_\_ **Signature of Managing Director:** \_\_\_\_\_  
*\*\*All mail will be addressed to you.*

Please indicate **Mailing Address (if differs from previous address).**

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**CONTACT PHONE NUMBER:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

File number assigned: \_\_\_\_\_

Similar names identified: \_\_\_\_\_

Name authorized: \_\_\_\_\_

Authorized by the Registrar: \_\_\_\_\_