



THE COLLEGE OF
VETERINARIANS OF
ONTARIO

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**ELECTRONIC IDENTIFICATION DEVICES (EID)
PROGRAM AUTHORIZATION FORM**

(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 Policy at www.cvo.org or contact CVO's Privacy Officer and Registrar, at Phone: (519) 824-5600 (Toll Free: 1-800-424-2856 (Ontario only)).)

Sponsoring Member's Name: _____

Sponsoring Member's Address:

Phone: _____ Fax: _____

I hereby apply to sponsor a program to perform the implantation of Electronic Identification Devices at the following location(s):

on the following date(s):

at the following time(s):

I am a licensed member of the College of Veterinarians of Ontario and agree to abide by the College's policy on Electronic Identification Programs, which I have received and read in full.

Signed:

_____ Date: _____
Member of the College of Veterinarians of Ontario

FOR OFFICE USE ONLY

Date received: _____

Authorized by: _____

Confirmation sent by: _____