



**THE COLLEGE OF
VETERINARIANS OF
ONTARIO**

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Guelph, ON
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Fax: 1- 888-662-9479 or 519-824-6497
Website: www.cvo.org
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**OPHTHALMIC SCREENING 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).

NB – completed form must be received by CVO at least 7 days prior to event

Applying Member's Name: _____

Applying Member's Address: _____

Phone _____ Fax _____

I hereby apply to conduct a ophthalmic screening program as per the following timetable:

Location	Date	Time

The evaluations will be conducted by (check the appropriate box):

- Applying Member, who is a diplomate of the American College of Veterinary Ophthalmology.
- Dr. _____, who is a diplomate of the American College of Veterinary Ophthalmology.

I am a licensed member of the College of Veterinarians of Ontario and agree to abide by the College's position statement on Ophthalmic Screening Programs and all other relevant legislation including that on holding out (advertising).

Signed:

_____ Date: _____

Member of the College of Veterinarians of Ontario

Office Use Only	
Date received:	
Authorized by:	
Confirmation sent by:	