



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 Contact: Louise Hamilton
ext. 2230
lhamilto@cvo.org

**RABIES VACCINATION CLINIC
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)).

Member's Name: _____

Address: _____

Phone: _____ Fax: _____

I hereby confirm that _____
has approached me to conduct a rabies vaccination clinic 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 Regulations, Part VI, Exemptions, 45. (1) to (6), which I have received and read in full. I have also received and agree to abide by the College's policy on rabies vaccination clinics. **I have notified all the veterinarians in our area at least two weeks in advance of the date of the clinic, in order that they may participate in the rabies clinic.**

College of Veterinarians of Ontario
Member's Signature

Date: _____

FOR OFFICE USE ONLY

Date received: _____

Authorized by: _____

Confirmation sent by: _____