



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](http://www.cvo.org)  
 Registration Contact: Karen Gamble  
 Extension 2228 Email: [kgamble@cvo.org](mailto:kgamble@cvo.org)

The purpose for collecting this information is to assist the CVO in pursuing its regulatory activities (e.g. licensing applicants) and providing basic professional information to members of the public. The CVO does not sell this information nor does it provide this information to commercial entities in a format that facilitates mass marketing (e.g., address labels, electronic mailing lists). For more information, see the CVO's Privacy Policy at [www.cvo.org](http://www.cvo.org) or contact CVO's Privacy Officer and Registrar, at Phone: (519) 824-5600 (Toll Free: 1-800-424-2856 in Ontario Only).

**APPLICATION FOR LICENCE**  
**Please Print or Type**

\_\_\_\_\_  
 Surname Given Names (circle one used)

\_\_\_\_\_  
 Any other name by which applicant is or has been known

|               | Home | Business |
|---------------|------|----------|
| Business Name |      |          |
| Address       |      |          |
| City          |      |          |
| Province      |      |          |
| Postal Code   |      |          |
| Phone Number  |      |          |
| Fax Number    |      |          |

**Preferred mailing address:** Home  \_\_\_\_\_  
 Business  \_\_\_\_\_ e-mail address \_\_\_\_\_

**Canadian Citizen**  (must provide proof – original birth certificate)  
**Other**  (must provide proof of status under *The Immigration Act* (Canada))

**Veterinary Degree:**  
 From: \_\_\_\_\_ University Conferred on: \_\_\_\_\_  
 month/year

**Other Degrees, if any:**  
 \_\_\_\_\_ from \_\_\_\_\_ University Conferred on \_\_\_\_\_  
 degree month/year

\_\_\_\_\_ from \_\_\_\_\_ University Conferred on \_\_\_\_\_  
 degree month/year

**For Graduates of unaccredited veterinary schools:** My veterinary education was attained at a school that provided an undergraduate program of veterinary medical education leading to a basic degree that includes at least 125 weeks of instruction scheduled over a minimum of 32 months. Yes  No

**All veterinary jurisdictions in which you hold (or held) membership, registration and/or licence to practice. A letter of licence verification and status will be required, sent directly to the CVO from each jurisdiction**

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

(attach additional information)

**Have you ever failed any part of the National Board Examination?**

Yes  No  If yes, provide details:

\_\_\_\_\_ CPE Location: \_\_\_\_\_

**Have you ever been referred to a committee, council, board, tribunal, or Racing Commission for the purpose of a disciplinary hearing or impairment proceeding?**

Yes  No  If yes, provide details:

\_\_\_\_\_

**Are you currently charged with, or have you ever been found guilty of, a criminal offence?**

Yes  No

If yes, provide details (nature of the charge, the result, the date, address of the court house where the charge was dealt with, police force that charged you):

\_\_\_\_\_

**Are you currently charged, or have you ever been found guilty of an offence other than a criminal offence (excluding Highway Traffic Act offences)?**

Yes  No

If yes, provide details (nature of the charge, the result, the date, address of the court house where the charge was dealt with, police force that charged you):

\_\_\_\_\_

**If the answer to any of the above three questions are YES, please provide your position as to whether the charges or findings of guilt are relevant to your suitability to practice veterinary medicine.**

\_\_\_\_\_

**Language Proficiency:** Please indicate all languages in which you are proficient:

\_\_\_\_\_

For **Educational License** only: Are you enrolled in a program in a program of postgraduate veterinary education provided by the Ontario Veterinary College of the University of Guelph? (letter of confirmation required) Yes  No

For **Post Graduate and Resident License** only: Are you enrolled as an intern, resident or Doctor of Veterinary Science student at the Veterinary Teaching Hospital of the Ontario Veterinary College? (letter of confirmation required) Yes  No

For **Academic Licence** only: Do you have a full-time teaching or research appointment of professorial rank at the Ontario Veterinary College of the University of Guelph with full payment at salary of rank paid by the University?(letter of confirmation required)

Yes  No

**CVO CLASSIFICATION CODING: Please circle one selection from each category**

**PROFESSIONAL ACTIVITY:**

- |                               |                               |
|-------------------------------|-------------------------------|
| 01. Prod. Med./Consulting     | 19. Theriogenology            |
| 02. Exotics                   | 20. Parasitology              |
| 03. Anaesthesiology           | 21. Pathology                 |
| 04. Bacteriology              | 22. Pharmacology              |
| 05. Immunology                | 23. Physiology                |
| 06. Bovine                    | 24. Porcine                   |
| 07. Caged Birds               | 25. Poultry                   |
| 08. Epidemiology              | 26. Public Health             |
| 09. Equine                    | 27. Radiology                 |
| 10. Feline                    | 28. Regulatory Vet. Medicine  |
| 11. Ophthalmology             | 29. Small Animals exclusively |
| 12. Lab Animals               | 30. Small Animals over 50%    |
| 13. Large Animals exclusively | 31. Surgery                   |
| 14. Large Animals over 50%    | 32. Toxicology                |
| 15. Large & Small 50% each    | 33. Virology                  |
| 16. Medicine                  | 34. Wild animals              |
| 17. Micro-biology             | 35. Zoo Animals               |
| 18. Nutrition                 | 36. Other _____               |
- (Please specify)

**EMPLOYMENT FUNCTION:**

1. Administration or supervision
  2. Clinical practice
  3. Contagious Disease Control
  4. Diagnosis
  5. Extension
  6. Food Inspection & Control
  7. Production
  8. Research
  9. Retired or Inactive
  10. Sales & Service
  11. Teaching
  12. Other \_\_\_\_\_
- (Please Specify)

**TYPE OF EMPLOYMENT:**

1. Federal Government
  2. Municipal Government
  3. Provincial Government
  4. Industry
  5. Associate in Private Practice
  6. Partner in Private Practice
  7. Retired or Inactive
  8. Self Employed in Solo Practice
  9. Practice Owner/Director with Associate DVMs
  10. University
  11. Other Educational
  12. Other \_\_\_\_\_
- (Please Specify)
13. Locum

## STATUTORY DECLARATION

I, \_\_\_\_\_, a resident of the \_\_\_\_\_ of  
*(type of municipality)*  
\_\_\_\_\_, in the county or region of \_\_\_\_\_  
*(name of municipality)*

in the province/state of \_\_\_\_\_ do hereby declare the following:

1. I am the person making application for a licence to practice veterinary medicine in the Province of Ontario.
2. The photo ID presented with this application is a recent, unaltered photograph of me.
3. I have read, understood and signed the application to which this declaration is attached.
4. The answers I have given to the questions in the application to which this declaration is attached are true, complete and without intent to mislead.
5. I understand that I am not permitted to engage in any kind of veterinary practice in Ontario until I have actually received a licence.
6. I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

\_\_\_\_\_  
Signature of Applicant

Declared before me at the City of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

A Commissioner, etc.

Made pursuant to s.41 of the Canada Evidence Act,  
R.S.C. 1985, c. C-5, and s.43, of the Evidence Act,  
R.S.O. 1980, c.145.

\_\_\_\_\_  
Stamp, Seal or Card of Commissioner, Lawyer or  
Notary Public to be affixed here.