



Application for Authorization of a Rabies Program

CVO Sponsoring Veterinarian Information:

First Name: _____ Last Name: _____

Licence Number: _____ Email: _____

Please list first and last names of all participating veterinarians:

Location of Rabies Clinic:

Name of Facility or Building: _____

St. Address: _____

City: _____ Postal Code: _____

Is this an accredited Facility: Yes No

Program Date(s)

Is this a single-day or multi-day program? _____

Date(s): _____

Please note: If you are applying for multiple program dates, they may not span a period greater than 6 months.

Sponsoring Veterinarian Declaration:

I, the sponsoring veterinarian, currently licensed with the College of Veterinarians of Ontario, hereby confirm that:

- I have read and understood the information contained in the Professional Practice Standard: Rabies Program
The Rabies Program will conform to all practice standards and professional conduct requirements as set out in the Veterinarians Act, Regulation 1093, and College publications
- I have informed the local Medical Officer of Health
- Resources necessary to respond to adverse drug reactions will be available
- Infection control protocols will be established
- Records will be established for each animal that includes identification of the vaccinated animal, name and contact information of the owner/custodian, type of vaccine with lot and serial number, and date of vaccination. The records will be kept for 3 years
- Each animal 's owner/custodian will be given a certificate of vaccination, which will be signed by and include the name and telephone number of the veterinarian performing the vaccination. A copy of each of the original signed certificates (hard copy or scanned) will be maintained by the issuing veterinarian for 3 years
- The Rabies Program Data Report will be submitted to the College within 2 weeks of the end of the rabies program

Signature

By signing below, I confirm that I am the licensed member submitting this application. I confirm that the information entered on this form is true and correct. I understand that it is professional misconduct to submit false or misleading information to the college (as per Regulation 1093 ss 38.1)

Signature of Sponsoring Veterinarian

Date Signed