

CHANGE OF NAME APPLICATION

To request a change to a name listed on the public register, please complete this form and mail it along with the supporting documentation to the College for processing.

College of Veterinarians of Ontario
2106 Gordon Street
Guelph, ON N1L 1G6

Questions?
Please call 519-824-5600 or 800-424-2856
(Toll Free (in Ontario) ext. 2228
Email: Lindsay Sproule lsproule@cvo.org

As per Regulation 1093 ss. 41(1) and 51, members of the College must practise veterinary medicine in the same name as that listed in the public register; that name must be the name shown on his/her basic degree in veterinary medicine – unless an application to have the name changed (with appropriate supporting documentation) is approved by the Registrar. As per Regulation 1093 ss. 52(1)1, if a member has changed his or her name, any past names used by the member since beginning to practise veterinary medicine will be posted on the public register.

Last name on file at the College _____

First name on file at the College _____

Licence number _____

First and Last Name requested to appear on the public register

This application must be supported by one or more of the following documents. Please indicate which item(s) are attached.

- A certified copy of an order of a court of competent jurisdiction in Ontario changing the member's name or a change of name certificate issued under the *Change of Name Act*.
- A certified copy of a valid certificate of marriage or of a decree absolute of divorce from a court in Canada.
- Documentary material, that in the opinion of the Registrar, sufficiently identifies the member as the person named in the documentary evidence of his or her basic degree in veterinary medicine.

Signature of Applicant

Date

Note: "Certified Copy" means a document that has been notarized. The document must be notarized by a person authorized in Canada to notarize documents in a Canadian jurisdiction. The College will return original or certified copies of documents to the applicant on request.

FOR OFFICE USE ONLY

Approval Date _____ Authorized by _____

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 Code](#) or contact CVO's Privacy Officer & Registrar.