

**2009 APPLICATION BY CORPORATION FOR
"PERMIT TO PRACTISE VETERINARY MEDICINE"**



1. Name of Corporation: _____

2. Address for notices sent by mail: _____

Email (mandatory): _____ Phone: _____

3. Shareholders of the Corporation:

Names	Addresses	Occupations	% Shares Held	
			Voting	Non-Voting
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Is the Company in good standing with the Registrar of Corporations? Yes or No
(You ***MUST*** attach a *Certificate Of Status*)

5. Are the majority of the issued voting shares of the Corporation having voting rights, owned by a registered veterinarian?
 Yes or No If no, please explain. _____

6. Directors and Officers of the Corporation:

Names	Addresses	Occupations	Title In Corporation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Operating Name(s) of Facility/Practice: _____

8. Name and location of practice or practices: _____

10. Registered Veterinarians who will be responsible for directly supervising the practice of veterinary medicine in all veterinary facilities owned by the Corporation.

Names	Addresses
_____	_____
_____	_____
_____	_____

12. Name any other veterinary Corporations that this Corporation holds shares in.

13. **Total Fee = \$309.24 (GST included) PAYMENT MUST BE SUBMITTED PRIOR TO PROCESSING**
(Application Fee - \$193.49 + \$9.67 GST=\$203.16) (Annual Permit Fee - \$101.031 + \$5.05 GST=\$106.08)

*****Payments can be made by cheque, Visa, or Mastercard***
Please attach a separate sheet with credit card information if paying by credit card**

I, _____, an Active Member of the Alberta Veterinary Medical Association, and a Director of the Company, hereby certify to the Alberta Veterinary Medical Association that the within contained information particulars respecting the company are true and complete.

DATED at the _____ of _____, in the Province of Alberta,

This _____ day of _____ A.D., 20_____ .

Signature of Member: _____