

**2010 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:			% Shares Held	
Names	Addresses	Occupations	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. Proposed or Current 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:** \_\_\_\_\_