



ALBERTA VETERINARY MEDICAL ASSOCIATION  
APPLICATION FOR SHORT TERM REGISTERED VETERINARIAN

Date: \_\_\_\_\_

To the Registrar:

I hereby make application to practice Veterinary Medicine in the Province of Alberta as a Short Term Registered Veterinarian according to Section 6.1 of The Veterinary Profession Act, General Regulation and in this regard:

I \_\_\_\_\_  
(Print Name in Full)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Email address – mandatory)

\_\_\_\_\_  
(Present Employer)

\_\_\_\_\_  
(Present Employer's Street Address, City, Province, Postal Code)

Phone Number: ( ) \_\_\_\_\_

**DO SOLEMNLY DECLARE:**

1. That I was born on \_\_\_\_\_ in \_\_\_\_\_  
(Month/Day/Year) (City, Province, Country)

2. (i) That I am a Canadian Citizen ( )  
or (ii) That I am lawfully entitled to work in Canada ( )  
(provide documentation of one of the following ie: SIN #, Valid Passport #, or Birth Certificate #, Work Permit)  
and (iii) That I am able to communicate in English ( )

3. That I received the following degree(s).  
(submit a notarized photocopy of your Veterinary Degree with this application form)

_____ Degree	From _____	University _____	In _____	Year _____
_____ Degree	From _____	University _____	In _____	Year _____
_____ Degree	From _____	University _____	In _____	Year _____

4. That I have the following Board Certifications:  
(submit a notarized photocopy of your Certificates with this application form)

_____ Specialty	From _____	University _____	In _____	Year _____
_____ Specialty	From _____	University _____	In _____	Year _____
_____ Specialty	From _____	University _____	In _____	Year _____

5. That I am a currently a General Practice Licensee in another jurisdiction.  
Please indicate which jurisdiction \_\_\_\_\_  
(a current Letter Of Good Standing from this jurisdiction MUST be submitted with this application)

6. That I have also been registered/licensed in the following jurisdictions. **(please indicate ALL)**
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
7. That I have ( ) have not ( ) been suspended, expelled or denied licensure from a Veterinary Association or licensing jurisdiction. **(attached hereto are full particulars, if any)**
8. That I will uphold the honour and dignity of the Veterinary Profession.
9. That I will undertake to practice the profession of veterinary medicine in a professional and becoming manner, in accordance with the Veterinary Profession Act, General Regulation, Guidelines and the Bylaws of the Alberta Veterinary Medical Association.
10. That I will only practise the specific category of veterinary medicine as applied for.
- Please indicate location and date \_\_\_\_\_
- Please indicate other affiliated organizations \_\_\_\_\_
- Please describe category or type of activity \_\_\_\_\_
- Please indicate the species of animal(s) involved \_\_\_\_\_
11. I will practise at the request of and in conjunction with an Active Registered member of the Alberta Veterinary Medical Association, who is associated with an inspected facility related to my scope of activity and who assumes its role of responsible veterinarian.
12. I have sufficient malpractice and liability insurance, applicable to practice in Alberta.

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

***TO BE COMPLETED BY SPONSORING ABVMA LICENSED VETERINARIAN***

I am assuming the responsibility of Dr. \_\_\_\_\_ practice of veterinary medicine in Alberta as a Short Term Member. To the best of my knowledge, the information provided in this application is accurate and true.

I verify that Dr. \_\_\_\_\_ will be practicing at my request and in conjunction with my practice. I am currently an Active Member of the Alberta Veterinary Medical Association.

\_\_\_\_\_  
**(Name of Active Registered ABVMA Member)**

\_\_\_\_\_  
**(Signature of Responsible Veterinarian)**

\_\_\_\_\_  
**(Active ABVMA Member License Number)**

\_\_\_\_\_  
**(Clinic or Facility Name)**

Time Period From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_

***(MAY PRACTICE FOR A PERIOD OF NOT MORE THAN 7 CONSECUTIVE DAYS)***

**Please complete ONE of the following:**

**Consent for Electronic communication from ABVMA**

Canadian Anti-Spam Legislation (CASL) requires that ABVMA obtains consent from members prior to sending Commercial Electronic Messages (CEMs). Providing your consent will ensure that you receive all ABVMA electronic publications, notice of events and other important communications. Please sign below to give your consent to receive electronic communications from ABVMA:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you choose TO NOT GIVE YOUR CONSENT, YOU WILL NOT RECEIVE electronic communications including ABVMA E-News, please read this statement and sign below.**

I understand that in choosing to withhold consent to receive ABVMA CEMs (including ABVMA E-News and other electronic publications), I may not receive important messages regarding the regulation of the practice of veterinary medicine in Alberta. I recognize that it is my professional responsibility to become informed and read all formal communication from the ABVMA. This information, including E-news, is posted on the ABVMA website and I am entirely responsible for reading this information in a timely manner.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by a Commissioner of Oaths, Notary Public or Justice of the Peace**

Declared before me at \_\_\_\_\_ in the Province of \_\_\_\_\_  
(City) (Province)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
(Signature)

Commissioner of Oaths, Notary Public or Justice of the Peace for the Province of \_\_\_\_\_

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***To be completed by the ABVMA Office***

Time Period From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_\_

Approved \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar)

**In order to ensure timely processing, this application must include the following:**

- A FULLY completed application form**
  - *copy of one of the following:  
Valid Canadian Passport, Canadian Birth Certificate, Canadian SIN #,  
Canadian Work Visa, or Canadian Permanent Resident Visa*
- A notarized photocopy of your Veterinary Degree**
- A notarized photocopy of your Board Certifications (if applicable)**
- Letters of Good Standing from EACH jurisdiction**
- Registration Application Fee (non-refundable)**
- Applicable Membership Dues**
- Declaration signed by Notary Public, Commissioner of Oaths, or Justice of the Peace**

The application fee set by the ABVMA Council at **\$301.40 (includes GST)** GST No. R106694631  
(Fee Breakdown is as follows - \$287.05 application fee plus \$14.35 GST = \$301.40)

The fee for Short Term Registration set by the ABVMA Council at **\$157.80 (includes GST)**  
GST No. R106694631 (Fee Breakdown is as follows - \$150.29 license fee plus \$7.51 GST = \$157.80)

Total amount owing for completion of Short Term Registration is **\$459.20 (includes GST)**

- *Payment may be made by Visa, MasterCard, Money Order or Personal Cheque (in Canadian Funds) payable to the ABVMA (a fee of \$87.95 will be assessed on all NSF cheque payments)*

**PAYMENT MAY BE MADE BY:  
CHEQUE/MONEY ORDER/ VISA/MASTERCARD**

**PAYMENTS ARE PAYABLE TO:  
ALBERTA VETERINARY MEDICAL ASSOCIATION (ABVMA)**

**PLEASE COMPLETE IF PAYING BY CREDIT CARD:**

**NAME ON CARD:** \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

**TO ENSURE TIMELY PROCESSING OF THIS APPLICATION WE ASK THAT  
YOU PROVIDE ALL NECESSARY INFORMATION AS STATED ABOVE.  
INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY OF PROCESSING**