



Veterinary Corporation Change in Particulars Form

This form is to be used by a Veterinary Corporation holding a valid permit when information in the particulars set forth in the Corporation's initial application or renewal has changed.

Name of Corporation
Name of Officer

I. CONTACT INFORMATION OF CORPORATION		
<input type="checkbox"/> No changes	<input type="checkbox"/> Changes as detailed below	Effective Date _____
Business Address of Corporation		
Registered Business Email		
Registered Office Address of Corporation		
Registered Office Email		

II. PRESIDENT		
<input type="checkbox"/> No changes	<input type="checkbox"/> Changes as detailed below	Effective Date _____
Name of President	Address	

III. DIRECTOR(S) No changes Changes as detailed below

Effective Date _____

Name of Director(s)	Address
1.	
2.	
3.	
4.	

IV. VOTING SHAREHOLDER(S) No changes Changes as detailed below

Effective Date _____

Full Name of Voting Shareholder(s)	Address	No. & Class of Shares
1.		
2.		
3.		
4.		

V. NON-VOTING SHAREHOLDER(S)

No changes

Changes as detailed below

Effective Date _____

Full Name of Non-Voting Shareholder(s)	Address	No. & Class of Shares	Relationship to Voting Shareholder
1.			
2.			
3.			
4.			

VI. VETERINARIAN(S) through whom the Corporation Practices Veterinary Medicine

No changes

Changes as detailed below

Effective Date _____

Name of Veterinarian(s)	

VI. VETERINARY TECHNOLOGIST(S) through whom the Corporation Practices Veterinary Medicine

No changes

Changes as detailed below

Effective Date _____

Name of Veterinary Technologist(s)	

VI. NON-MVMA MEMBER(S) through whom the Corporation Practices Veterinary Medicine

No changes

Changes as detailed below

Effective Date _____

Non-MVMA Member(s)	
1.	
2.	
3.	
4.	

VII. The Veterinary Corporation provides veterinary medical services at the following PIPS inspected practice(s)/clinic(s):

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I understand that the provision of false information in any part of this document is professional misconduct. I hereby certify that all of the information contained herein is true, correct and complete.

Name of Corporation _____ Date _____

Signature of an officer of the Corporation _____

Print name of signing officer _____

Please sign and return the completed form to Jo-Anne Holod, Office Administrator at mvmainfo@mvma.ca or fax to (204) 832-1382.

Manitoba Veterinary Medical Association

1590 Inkster Blvd. Winnipeg, MB R2X 2W4

Toll-Free (Manitoba): 1-866-338-MVMA (6862)

Phone: 204-832-1276

Fax: 204-832-1382

www.mvma.ca

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