Please be advised this information will be shared with CVBC registrants

1. Name:

2. Current/previous practice owner?
   - Yes – currently ☐
   - Yes – previously ☐
   - No ☐

3. From what school did you obtain your veterinary degree?
   - WCVM ☐
   - U of C ☐
   - U of M ☐
   - OVC ☐
   - AVC ☐
   - International ☐

   International school name:

4. What year did you graduate with your veterinary degree?

5. In what geographical area of BC do/did you **practice** (check all that apply)
   - Northeast ☐
   - Nechako ☐
   - North Coast ☐
   - Cariboo ☐
   - Kootenay ☐
   - Thompson-Okanagan ☐
   - Mainland/Southwest ☐
   - Vancouver Island/Coast ☐

6. In what geographical area do you **currently live**?
   - Northeast ☐
   - Nechako ☐
   - North Coast ☐
   - Cariboo ☐
   - Kootenay ☐
   - Thompson-Okanagan ☐
   - Mainland/Southwest ☐
   - Vancouver Island/Coast ☐
   - Other (describe)

7. What is/was your **field of practice** (check all that apply)?

- Large/food animal ☐
- Small animal ☐
- Exotic animals ☐
- Mixed ☐
- Laboratory animal ☐
- Equine ☐
- Academia ☐
- Government ☐
- NGO ☐
- Industry ☐
- Zoo/wildlife ☐
- Shelter ☐
- Other (describe)

8. Any specialty board certifications or graduate degrees?

Yes (describe) ☐

No ☐

9. Do you have experience with any of the following CVBC committees or council (check all that apply)?

- Council ☐
- Discipline Committee ☐
- Investigation Committee ☐
- Registration Committee ☐
- Practice Facility Accreditation Committee ☐
- Continuing Competence Committee ☐
- Other (describe)

10. What areas of expertise or interest do you have that might be helpful in your work with CVBC?

11. Any additional information to provide? This section may include your candidate statement and/or any additional biographical data you would like to share with voting registrants.