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| CGB REGISTRATION NO.: |
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## APPLICATION FORM FOR VETERINARIANS PARTICIPATING IN CANADA GOLD BEEF

Veterinarian's Name \_\_\_\_\_

Veterinary Practice Name \_\_\_\_\_

CVMA/AVMA Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Courier Address (if different than above) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

Type of Beef Cattle Clients:  Cow-calf  Backgrounder  Finisher

Would you be willing to help other beef cattle producers implement CGB who are not currently your clients if their regular veterinarian is not able to do so?  Yes  No

Would you be willing to list your name on the CGB website as a veterinarian participating in CGB and willing to help other producers implement the program?  Yes  No

### Program Requirements

I will help my clients implement all of the requirements in the CGB program handbook for beef cattle producers as specified.

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date