

UNDERTAKING TO THE COLLEGE OF VETERINARIANS OF ONTARIO

DR. XYZ

WHEREAS I acknowledge that my licence to practise veterinary medicine will be suspended pursuant to the Order of the Discipline Committee of MM/DD/YY from midnight MM/DD/YY to midnight MM/DD/YY.

AND WHEREAS I wish to ensure that I comply with the *Veterinarians Act* and the regulations thereunder before, during and after the suspension of my licence to practise veterinary medicine:

1. In accordance with subsections 10(a)-(d) of Ontario Regulation 1093 and subsection 8(1) of the *Veterinarians Act*, I confirm that I am the owner of the veterinary practice(s) ABC Animal Hospital, and that I authorize Dr. ABC to be the veterinary director of this practice during the periods that my license to practice veterinary medicine is suspended.
2. I am providing the attached written Undertaking of Dr. ABC who will be responsible for the facility during my suspension, and I undertake to assist Dr. ABC to comply with the terms of that Undertaking.
3. I undertake to receive no benefit whatsoever, either for myself or any family member, except for (if applicable), during my suspension. Without limiting the generality of the foregoing, I will receive no remuneration, either directly or indirectly, whether through a corporation, partnership or other entity or otherwise, in respect of the times that my licence to practise veterinary medicine is suspended.
4. At the request of the College of Veterinarians of Ontario, I undertake to produce information, however stored and in whatever medium, including a copy of any and all documents such as cheques and other similar documentation, that may relate to any period of suspension (i.e. any cheque not only written during any of the periods of suspension but any cheque that may pertain to any expense incurred during such periods or that may be interpreted by the College as providing any remuneration to me in respect of any period of suspension).

5. I consent to the College inspecting any record, electronic or otherwise, that is generated on account of the QRS Animal Hospital to ensure compliance with this Undertaking and the Undertaking of Dr. ABC before, during and after any period of suspension of my licence to practise veterinary medicine.

Signature of Dr. XYZ: _____

Date:

Witness: