



CDMV account Opening and update form

New Account

Update

Is this a new practice?

Yes: Opening date

No: In business since

Reason for update:

CDMV account number:

Section 1 : Addresses

SHIPPING

BILLING (same as shipping)

Legal business name

Legal business name

Establishment name

Establishment name

Responsible veterinarian

Department and contact name

Address

Address

City, Province, Postal code

City, Province, Postal code

Phone

Web site

Phone

Email

Email

Language of correspondence:

English

French

Section 2 : Contacts

Person responsible for purchasing

Phone

Email

Person responsible for accounting

Phone

Email

Web access administrator for the CDMV platform

Phone

Email

Person responsible for receiving communications (operational and corporate)

Phone

Email

Section 3 : Type of business

Sole proprietor

Professional business

Company

Names of owners or shareholders:

Are you the owner or shareholder of one or more other clinics? Yes No

If so, please provide the name and account number of each clinic :

Will CDMV be your main distributor? Yes No Estimated annual purchase volume : \$

Account type : Veterinary establishment

Shelter

Laboratory

Mobile veterinary service

Teaching and research
institution

Other :

Personal veterinary account

Government agency

Personal accredited veterinary facility (Ontario only)

Discipline : Small animal

Mixed practice

Large animal

Equine

Other:

