

Please attach copies of:

FAIR TRADING CERTIFICATE SHOWING REGISTRATION OF BUSINESS NAME

SHIRE COUNCIL APPROVAL

DETAILED PLANS OF PREMISES

Attach copy to show room sizes and description as per Regulations 41 & 42 of Veterinary Surgeons' Act 1960 – see information sheet for details.

FEE see schedule below *

EXPECTED DATE TO COMMENCE OPERATION _____

NAME OF VET MANAGER _____

NAME OF OFFICE MANAGER _____
(If different to Vet Manager)

TYPE OF PREMISES _____
(SMALL ANIMAL/MIXED/EQUINE)

NAME OF PRACTICES OPERATING IN THE PREMISES

1 _____ 2 _____

	CHARGES	HOSPITAL	CLINIC
* Attach fee of \$ _____	Application fee	\$220	\$165
	Registration fee	\$265	\$140
	TOTAL	\$485	\$305

Direct Debit **BSB: 066040 Account: 19800005**
Account Name: Veterinary Surgeons' Board

Please identify with NAME & REGISTRATION NUMBER.

Cheque Money Order **DO NOT POST CASH**

Credit Card **Visa & Mastercard Only** Please fill in details below.

Card Number																			
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Name on card: _____

EXPIRY DATE /

Signature of cardholder: _____