



Veterinary Surgeons' Board



FORM 4B

Application to transfer ownership of veterinary clinic or hospital		<i>Veterinary Surgeons Act 1960 s. 24A</i>
Premises	<u>Name of clinic/hospital</u>	<u>Registration No: PM</u> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
Ownership Veterinary Premises	<u>Current Owner (veterinary surgeon)</u>	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
	Email	Reg No:
	<u>New Owner (veterinary surgeon or Board registered Body Corporate)</u>	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
	Email	Reg No:

Signature		
	Current owner veterinary surgeon	Date
	New owner veterinary surgeon	Date

EXPECTED DATE TO TRANSFER OWNERSHIP _____

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 _____

Please attach

FEE \$60 (amendment of register - *usually paid by current owner*)

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: _____