



# Veterinary Surgeons' Board



## FORM 4C

Application to transfer management of veterinary clinic or hospital		Veterinary Surgeons Act 1960 s. 24A
<b>Premises</b>	<b><u>Name of clinic/hospital</u></b>	<b>Registration No: PM</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____ Email _____	
<b>Managing Veterinary Surgeon</b>	<b><u>Current managing veterinary surgeon</u></b>	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
	Email _____	Reg No: _____
	<b><u>New managing veterinary surgeon</u></b>	
	Name _____	
	Address _____ _____	
Telephone _____ Fax _____		
Email _____		Reg No: _____
<b>Signature</b>	_____	
	<b>Current managing veterinary surgeon</b>	Date _____
	_____	
	<b>New managing veterinary surgeon</b>	Date _____