



Veterinary Surgeons' Board



FORM 4D

Application to change physical address of veterinary clinic or hospital where business name does not change		<i>Veterinary Surgeons Act 1960 s. 24A</i>
Applicant (person/s who will be managing veterinary premises – must be a veterinary surgeon/s or Body Corporate registered with the Board)	Name _____	
	Address _____	
	Telephone _____ Fax _____	
	Email _____	Registration No: _____
Changed Premises Address	<i>Please tick</i>	
	<input type="checkbox"/> Veterinary clinic	<input type="checkbox"/> Veterinary hospital
	Name & Registration Number of clinic/hospital	
	PM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Old Address _____ _____	
New Address _____ _____		
Telephone _____ Fax _____		
Email _____		
Owner or lessee of premises (if different from applicant)		
Name _____		
Address _____		
		Registration No _____
Signature	_____	
	Applicant	Date

Please attach copies of:

SHIRE COUNCIL APPROVAL FOR NEW PREMISES

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 \$60 * Note that registration fee may be transferred from old premise but register amendment fee applies

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 _____

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																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on card: _____

EXPIRY DATE /

Signature of cardholder: _____