

<p>Have you received treatment for drug addiction including alcoholism during the past twelve months? If yes please give details.</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>
<p>Section 26 of the Veterinary Surgeons Act 1960, enables a person authorised by the Board to perform specific acts of veterinary surgery ONLY “under the direction of a registered veterinary surgeon”. <u>Please give details of directing veterinary surgeon:</u> Name: Address: Phone: Email</p>	
<p>Please state how long you have known the veterinary surgeon and the nature and extent of your working relationship with the veterinary surgeon.</p>	
<p>Please submit evidence of experience / qualification in the activity to which you are seeking authorisation:</p>	
<p>Please state why you think this service is required. Give as much detail as possible. This information is for the Board’s records and will not affect the outcome of the application.</p>	

DECLARATION

I declare that the information in this application and attachments is true.

Signature of applicant _____ Date _____

Signature of witness _____ Date _____

Address of witness _____

Please attach the following:

- Photographic ID (ie copy driver's licence/passport)
- Police Clearance (if applying for use of Scheduled drugs)
- Copy Firearms Licence (if applying to use a tranquilizer gun)
- Two character references

I enclose the following non refundable fee for registration as an Authorised Person.

Commercial applicants: Initial application fee \$400 OR Renewal fee \$200

Non profit or community service applicants: Initial application / renewal fee \$120

Signature of applicant _____ Date _____

Method of Payment:

Direct Deposit BSB: 066040 Acct No: 1980 0005 Acct Name: Veterinary Surgeons' Board
Please identify your payment with your FULL NAME.

Cheque Money Order ****PLEASE DO NOT POST CASH****

Credit Card (Visa or Mastercard only) *Please fill in details below.*

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXPIRY DATE /

Name on card: _____ Signature of cardholder: _____