



Veterinary Surgeons' Board



Form 4D APPLICATION FOR REGISTRATION AS AN HONORARY VETERINARY SURGEON

Last Name Block capitals please	
Given Name Block capitals please	
AKA if applicable	
ADDRESS	<i>Section 21(4) of the Act requires all veterinary surgeons to notify the Board immediately of any change of address.</i>
State and Postcode	
Main Contact Tel / Mobile Fax Email (please print)	
<p>I wish to apply for honorary registration as a veterinary surgeon on the basis that: Please tick</p> <p><input type="checkbox"/> I have been a registered veterinary surgeon for 40 years or more <i>or</i></p> <p><input type="checkbox"/> I am 65 years of age or more and am a veterinary surgeon of long standing</p> <p>And I believe my standing in the profession of veterinary science justifies my registration as an honorary veterinary surgeon. <i>*Please attach evidence to support this application.</i></p> <p>Signature ----- Date-----</p>	

I enclose \$45 annual registration as an honorary veterinary surgeon.

Method of Payment: Please tick -

Direct Debit **BSB: 066040 Account: 1980 0005**
Account Name: Veterinary Surgeons' Board

Please identify with your **NAME & REGISTRATION NUMBER.**

Cheque Money Order Credit Card **Visa/Mastercard Only** – Please fill in details below.

Card Number																			
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Name on card: _____ **EXPIRY DATE** /

Signature of cardholder: _____