



VETERINARY PRACTICE BOARD
WESTERN AUSTRALIA



Application to Register House Call Practice		<i>Veterinary Practice Act 2021</i>
** Please be advised, a virtual inspection is required as part of this application **		
House Call Practice Name		
Veterinary supervisor Must be registered veterinary surgeon		
Address (Private)		
Email address		
Mobile phone		

<u>Owner Details</u>	
Name and contact details of the owner if different from the veterinary supervisor (Must not be a person who is, according to the <i>Interpretation Act 1984</i> section 13D, a bankrupt or a person whose affairs are under the insolvency laws.)	
Owner's name or registered company name	
Address (Private)	
Email address	
Mobile phone	
Signature	
Date	

House Call Practice Requirements:

- Health Department approved lockable pharmacy and/or schedule 8 safe, at the practices registered address, for the appropriate storage of scheduled drugs
- Deep freeze facility (if euthanising animals)
- A lockable container attached to the body of the house call vehicle, for securing drugs when the vehicle is unoccupied

Postal Address: Po Box 1721 Melville South WA 6156

Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Email: admin@vpbwa.org.au Website: www.vpbwa.org.au

Please attach copies of:

- ASIC Record of Registration for Business Name
- Certified copy of your Poisons Permit

Fees and Charges

Application Fee \$530.00
Annual registration fee \$420.00

Total fee due \$950.00

Payment Methods

Please do not post cash

- Cheque
- Money Order
- Direct Debit

BSB: 066040
Account: 19800005
Account Name: Veterinary Surgeons' Board

Please identify with NAME & REGISTRATION NUMBER.

- Credit Card

Visa & Mastercard Only *Please fill in details below.*

Card Number																			
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Expiry Date: /

CSC:

Name on card: _____

Signature of cardholder: _____