



VETERINARY PRACTICE BOARD  
WESTERN AUSTRALIA



<b>Application to change physical address of a house call practice</b> <i>Veterinary Practice Act 2021</i>	
<b>** Please be advised, a virtual inspection of the new location is required as part of this application.</b>	
<b>Current Details of House Call Practice</b>	Name of House Call Practice _____ Registration No: HC <input type="text"/> <input type="text"/> <input type="text"/> Street address _____ _____ Postal address _____ _____ Telephone _____ Fax _____ Email _____ Veterinary Supervisor: _____ Reg'n No: V <input type="text"/> <input type="text"/> <input type="text"/> Office Manager: _____
<b>New Details of House Call Practice</b>	Street address _____ _____ Postal address _____ _____ Telephone _____ Fax _____ Email _____
<b>Signature</b>	Veterinary Supervisor _____ Date _____

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**

- FEE \$60** (amendment of register)
- Copy of Poisons Permit (with the new address)**

**Payment details – PLEASE DO NOT POST CASH**

- Direct Debit

**BSB:** 066040

**Account:** 19800005

**Account Name:** Veterinary Practice Board

**Please identify with NAME & REGISTRATION NUMBER**

- Cheque

- Money Order

- Credit Card **Visa or Mastercard Only** Please fill in details below.

Card Number																			
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Name on card: \_\_\_\_\_

**EXPIRY DATE** / **CSC**

Signature of cardholder: \_\_\_\_\_

\*\* A virtual inspection of the house call practice is required to be conducted as part of this application. The virtual inspection will be performed via Teams Meetings and will be recorded. You will need to use an iPad or Smartphone for the inspection/audit, which should take no longer than an hour. Please contact the office to arrange a suitable day and time for a virtual inspection to be conducted.