



VETERINARY PRACTICE BOARD
WESTERN AUSTRALIA



Application to change name only of veterinary premises		<i>Veterinary Practice Act 2021</i>
Current Details of Premises	<u>Name of premises</u> <u>Registration No:</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
	Veterinary Supervisor: _____ Regn No: V _____	
New Details Veterinary Premises	<u>New Name of Veterinary Premises</u> _____	
	Telephone _____ Fax _____	
	Email _____	
	Office Manager: _____	
Signature	_____	_____
	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 ASIC'S RECORD OF REGISTRATION FOR BUSINESS NAME.**

Payment details – PLEASE DO NOT POST CASH

Direct Debit
BSB: 066040
Account: 19800005
Account Name: Veterinary Surgeons' 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: _____