



Veterinary Surgeons' Board



FORM 4C

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|--|---|--|--|
| Application to transfer management of veterinary clinic or hospital | | <i>Veterinary Surgeons Act 1960 s. 24A</i> | |
| Premises | <u>Name of clinic/hospital</u> | | <u>Registration No: PM</u> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Street address _____ _____ | | |
| | Postal address _____ _____ | | |
| | Telephone _____ Fax _____ | | |
| | Email _____ | | |
| Managing Veterinary Surgeon | <u>Current managing veterinary surgeon</u> | | |
| | Name _____ | | |
| | Address _____ _____ | | |
| | Telephone _____ Fax _____ | | |
| | Email _____ | | Reg No: _____ |
| | <u>New managing veterinary surgeon</u> | | |
| | Name _____ | | |
| | Address _____ _____ | | |
| | Telephone _____ Fax _____ | | |
| | Email _____ | | Reg No: _____ |
| Signature | _____ | | |
| | Current managing veterinary surgeon | | Date _____ |
| | _____ | | _____ |
| | New managing veterinary surgeon | | Date _____ |

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