



Veterinary Surgeons' Board



FORM 4D

Application to change physical address of veterinary clinic or hospital where business name does not change		<i>Veterinary Surgeons Act 1960 s. 24A</i>
Applicant (person/s who will be managing veterinary premises – must be a veterinary surgeon/s or Body Corporate registered with the Board)	Name _____	
	Address _____	
	Telephone _____ Fax _____	
	Email _____ Registration No: _____	
Changed Premises Address	<i>Please tick</i> <input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Veterinary hospital	
	Name & Registration Number of clinic/hospital PM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Old Address _____ _____	
	New Address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
Owner or lessee of premises (if different from applicant)	Name _____	
	Address _____	
	Registration No _____	
Signature	_____	
	Applicant _____ Date _____	

Postal Address: PO Box 1721 Melville South WA 6156

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