



## Appointment of a Veterinary Hospital Superintendent

Issue  
Review  
Ref number

May 2016  
Annually  
FH02

<b>Hospital Details</b>	Business Name				ABN/ACN		
	Hospital Name						
	Address						
	Suburb/Town				NSW	Postcode	
	Postal Address						
	Suburb/Town				NSW	Postcode	
	Email Address						
	Hospital Phone			Hospital Fax			
	Licence Number	L					

### Declaration

I/We being the licensee(s) of the above licensed veterinary hospital (attached) appoint the following registered veterinary practitioner as superintendent effective from:	Date	
--	------	--

### Superintendent Details

Given name(s)				
Family name			Registration No	
Signature			Date	



## Appointment of a Veterinary Hospital Superintendent

Issue  
Review  
Ref number

May 2016  
Annually  
FH02

<b>Veterinary Practitioner Licensee 1 Details</b>	Given name(s)				
	Family name			Registration No	
	Address				
	Suburb/Town		State/Territory		Postcode
	Email Address				
	Phone		Fax		Mobile
	Percentage of controlling interest of corporation or business			%	
	Signature			Date	
<b>Veterinary Practitioner Licensee 2 Details</b>	Given name(s)				
	Family name			Registration No	
	Address				
	Suburb/Town		State/Territory		Postcode
	Email Address				
	Phone		Fax		Mobile
	Percentage of controlling interest of corporation or business			%	
	Signature			Date	
<b>Veterinary Practitioner Licensee 3 Details</b>	Given name(s)				
	Family name			Registration No	
	Address				
	Suburb/Town		State/Territory		Postcode
	Email Address				
	Phone		Fax		Mobile
	Percentage of controlling interest of corporation or business			%	
	Signature			Date	

For more licensees please submit extra page(s).