



Application for Veterinary Hospital Licence

Issue May 2016
 Review Annually
 Ref number FH01

Hospital Details	Business Name					ABN/ACN			
	Hospital Name								
	Address								
	Suburb/Town					NSW	Postcode		
	If this is a relocation of a currently licensed practice	Please provide the address and licence number for the current licensed premises:					Current Licence No:		
	Postal Address								
	Suburb/Town					NSW	Postcode		
	Email Address								
	Hospital Phone					Hospital Fax			
	Type of Licence	Small Animal		Large Animal		Large & Small		<i>(office use)</i> Licence No	
	DA Approved	Yes		No		Anticipated opening date :			
	Additional notes regarding application:								

- Notes**
- Please attach a detailed floor plan of the premises, showing layout and facilities including plumbing and the location of essential areas, facilities and equipment as detailed in the Minimum Requirements for Veterinary Hospitals (GH01) e.g. reception, surgery, radiography, wards, cages, pharmacy and isolation.
 - Please attach the Appointment of a Superintendent Form (H02).
 - In accordance with the *Veterinary Practice Act 2003* (s 14), one or more veterinary practitioners must have a controlling interest in the corporation, partnership or firm representing itself to be a veterinary practice unless this is an application for an exempt body. The Board conducts random audits of veterinary practices owned by different legal entities to ensure compliance with the legislation.
 - Please ensure a valid postal address is supplied to safeguard delivery of licence documents and hospital sign pending approval of this application by the Board.

Licence payment details	The licence period is for a year from 1 July to 30 June.							
	Licence fee (\$310) plus application fee (\$155)				\$465.00			
	Please make cheques payable to Veterinary Practitioners Board of NSW							
	Credit Card type	Visa		MasterCard				
	Name on Card							
	Card number							Expiry Date
Signature						Date		



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Veterinary Practitioner Applicant 1 Details	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						%	
	I certify that the information provided on this application is correct and complies with <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines							
Signature						Date		
Veterinary Practitioner Applicant 2 Details	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						%	
	I certify that the information provided on this application is correct and complies with <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines							
Signature						Date		
Veterinary Practitioner Applicant 3 Details	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						%	
	I certify that the information provided on this application is correct and complies with <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines							
Signature						Date		

For more applicants please submit extra page(s).