



Veterinary Surgeons' Board



FORM 1

Application to register veterinary clinic or hospital		Veterinary Surgeons Act 1960 s. 24A
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: _____
Premises	<i>Please tick</i> <input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Veterinary hospital	
	Name of clinic/hospital _____	
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
	Owner or lessee of premises if different to vet manager (must be a registered veterinary surgeon or registered body corporate) Name _____ Address _____	Registration No: _____
Signature _____ Applicant	_____ 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 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

Please attach copies of:

AUSTRALIAN BUSINESS NAME REGISTRATION CERTIFICATE

SHIRE COUNCIL APPROVAL

DETAILED PLANS OF PREMISES

Attach copy to show room sizes and description as per Regulations 41 & 42 of Veterinary Surgeons' Act 1960 – see information sheet for details.

FEE see schedule below *

EXPECTED DATE TO COMMENCE OPERATION _____

NAME OF VET MANAGER _____

NAME OF OFFICE MANAGER _____
(If different to Vet Manager)

TYPE OF PREMISES _____
(SMALL ANIMAL/MIXED/EQUINE)

NAME OF PRACTICES OPERATING IN THE PREMISES

1 _____ 2 _____

CHARGES

* Application fee (Including 3 years registration)

HOSPITAL

\$1790

CLINIC

\$1790

TOTAL

\$1790

\$1790

*Attach fee of \$ _____

Direct Debit **BSB: 066040 Account: 19800005**

Account Name: Veterinary Surgeons' Board

Please identify with NAME & REGISTRATION NUMBER.

Cheque Money Order **DO NOT POST CASH**

Credit Card **Visa & Mastercard Only** Please fill in details below.

Card Number				
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Name on card: _____

EXPIRY DATE /

Signature of cardholder: