



# Veterinary Surgeons' Board



## FORM4A

<b>Application to change name only of veterinary clinic or hospital</b>		<i>Veterinary Surgeons Act 1960 s. 24A</i>
<b>Current Details of Premises</b>	<b><u>Name of clinic/hospital</u></b>	<b><u>Registration No: PM</u></b> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
	Veterinary Manager: _____ Regn No: V _____	
<b>New Details Veterinary Premises</b>	<b><u>New Name of Veterinary Premises</u></b> _____	
	Telephone _____ Fax _____	
	Email _____	
	Office Manager: _____	
<b>Signature</b>	_____	
	<b>Veterinary Manager</b>	<b>Date</b>

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**

- FEE \$60** (amendment of register)
- Copy of AUSTRALIAN BUSINESS NAME REGISTRATION CERTIFICATE.**

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 or Mastercard Only** Please fill in details below.

Card Number																			
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Name on card: \_\_\_\_\_

**EXPIRY DATE** /

Signature of cardholder: \_\_\_\_\_