



# Veterinary Surgeons' Board



## Form 3.5 Administration of Scheduled Drugs APPLICATION FOR AUTHORISATION TO ADMINISTER SCHEDULED DRUGS

<b>FULL NAME BLOCK CAPITALS:</b>	
Last Name:	
Given Name:	
Address:	
	State and Postcode
Work phone:	
Mobile:	
Fax:	
Email (please print):	
Have you had previous authorisation by the Veterinary Surgeons' Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates: _____
Which scheduled drugs do you wish to use? <b><u>*Please note that authorisation will NOT be given for any Scheduled 8 drugs*</u></b>	
What species of animal do you wish to use these drugs on?	
For what purpose do you wish to use these drugs?	
What means of administration do you intend to use?	
What is the location in Western Australia where these drugs will be used?	
Give name, phone number and occupation of two character references ( <b><i>not a relation of the applicant</i></b> ). Please attach references.	

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

<p>Have you received treatment for drug addiction including alcoholism during the past twelve months? If yes please give details.</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>
<p><b>Section 26 of the Veterinary Surgeons Act 1960, enables a person authorised by the Board to perform specific acts of veterinary surgery ONLY “<i>under the direction of a registered veterinary surgeon</i>”.</b></p> <p><b><u>Please give details of directing veterinary surgeon:</u></b></p> <p><b>Name:</b>  <b>Address:</b>  <b>Phone:</b></p> <p><b>Email:</b></p>	
<p><b>Please state how long you have known the veterinary surgeon and the nature and extent of your working relationship with the veterinary surgeon.</b></p>	
<p><b>Please submit evidence of experience / qualification in the activity to which you are seeking authorisation:</b></p>	
<p><b>Please state why you think this service is required.  Give as much detail as possible. This information is for the Board’s records and will not affect the outcome of the application.</b></p>	

**DECLARATION**

***I declare that the information in this application and attachments is true.***

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address of witness** \_\_\_\_\_

---

**Please attach the following:**

- Photographic ID (i.e. copy driver's licence/passport)
- National Police Certificate (if applying for use of Scheduled drugs)  
Please note only certificates issued by the Western Australia Police are accepted, these can be obtained via their website <https://www.police.wa.gov.au/> or at an Australia Post outlet. Certificates only accepted within 3 months from date of issue.
- Copy Firearms Licence (if applying to use a tranquilizer gun)
- Two character references

**I enclose the following non-refundable fee for registration as an Authorised Person.**

**Commercial applicants:** Application fee \$400  (1<sup>st</sup> time only) **plus** renewal fee \$200   
(Total \$600 initially; subsequent renewal fee \$200)

**Small charity and volunteer organisation applicants:** Application fee \$120  (1<sup>st</sup> time only) **plus** renewal fee \$120  (Total \$240 initially; subsequent renewal fee \$120)

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Method of Payment:**

**Direct Deposit:** BSB: 066040 Acct No: 1980 0005 Acct Name: Veterinary Surgeons' Board  
Please identify your payment with your FULL name.

Cheque  Money Order **\*\*PLEASE DO NOT POST CASH\*\***

**Credit Card** (Visa or Mastercard only) Please *fill in details below*.

Card Number									
-------------	--	--	--	--	--	--	--	--	--

**EXPIRY DATE** /

Name on card: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_