



# Veterinary Surgeons' Board



## Form 3.6 Administration of Canine Contraceptives & Other Medications APPLICATION FOR AUTHORISATION

<b>FULL NAME BLOCK CAPITALS:</b>	
Last Name	
Given Name	
<b>ADDRESS</b>	
	State and Postcode
<b>Main Contact</b> (ie work) Tel / Mobile Fax Email (please print)	
Previous authorisation with <b>this</b> Board?	No <input type="checkbox"/> Yes <input type="checkbox"/> Dates
<p>Veterinary Board authorisation is requested for the following area.</p> <p><b>Administering contraceptives or other medications to dogs in pastoral areas.</b></p> <p><i>Please give details of exactly what you wish to do:</i></p>	
Give name, phone number and occupation of two character references ( <b>not a relation of the applicant</b> ).	1.
	2.

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 two years? If yes please give details.</p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>
<p><b>Convictions:</b> Have you been convicted of any offences?* If yes please give details.  <i>*You do not need to include details of speeding fines, parking fines or other minor traffic offences such as crossing a red light, but should include details of all other offences including major traffic offences.</i></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, please give details.</p>

**Under the Veterinary Surgeons Act 1960, all persons authorised by the Board to perform specific acts of veterinary surgery MUST work “under the direction of a registered veterinary surgeon”.**

**Please state name, address and contact details of directing veterinary surgeon:**

**Name:**

**Address:**

**Phone:**

**Please state how long and how well you have known and worked with the above named veterinary surgeon.**

**Please submit evidence of experience / qualification in the field to which you are seeking authorisation:**

**Please state why you are applying for authorisation and 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.**

**Please attach the following:**

- Photographic ID (ie 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.

**STATUTORY DECLARATION**

I (insert full name).....

Current address .....

sincerely declare that the information I have given above is true and correct to the best of my knowledge, information and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at..... this ..... day of ..... 20.....

Before me .....J.P. (or as the case may be)

Applicant's signature.....

**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 \$200)

**Non-profit or community service applicants:** Application fee \$120  (1<sup>st</sup> time only) **plus** renewal fee \$120  (Total \$240 initially; subsequent renewal \$120)

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**EXPIRY DATE** /

Name on card:

Signature of cardholder: