



# Veterinary Surgeons' Board



**Form 3A**  
**VETERINARY SURGEONS ACT 1960**  
**APPLICATION FOR DIRECTING OF AUTHORISED PERSON BY**  
**VETERINARY SURGEON**

<b>BLOCK LETTERS PLEASE</b>
<b>Name of directing veterinary surgeon:</b>
<b>Registration number:</b>
<b>Address:</b>
<b>Contact details:</b> <b>Email:</b> <b>Phone:</b> <b>Fax:</b>
<b>Name and address of applicant to be directed:</b>
<b>Scheduled drugs to be supplied (if any):</b>
<b>Acts of veterinary surgery to be performed:</b>
<b>Please specify your experience and expertise in the area to be directed.</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](mailto:admin@vsbwa.org.au)   **Website:** [www.vsbwa.org.au](http://www.vsbwa.org.au)

Please detail your past and present working relationship with this person.

**Acknowledgement:**

*I understand that in acting in a directory role for the above person, I will ensure that all conditions outlined by the Veterinary Surgeons' Board (listed separately) are complied with. I understand that I am responsible for the regular audit of any drugs and that it is my responsibility to submit this audit to the Board at the specified time. I understand that I am responsible for educating the applicant in the correct and safe use, storage and disposal of any scheduled drugs supplied by me. I understand that any failure on my part to ensure compliance with these conditions may result in disciplinary proceedings being taken against me, which may affect my registration as a veterinary surgeon in WA.*

**Signature of directing veterinary surgeon:**

**Date:**