



Veterinary Surgeons' Board



FORM 4

Application to transfer management of veterinary clinic or hospital		Veterinary Surgeons Act 1960 s. 24A
Premises	<input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Veterinary hospital	
	Registration No. _____	
	Name of clinic/hospital _____	
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
Managing Veterinary Surgeon	Current managing veterinary surgeon	
	Name _____	
	New managing veterinary surgeon	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
Email _____		
Signature	_____	_____
	Current managing veterinary surgeon	Date
	_____	_____
	New managing veterinary surgeon	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

FEE \$60 (amendment of register)

Direct Debit **BSB: 066040 Account: 19800005 Account Name: Veterinary Surgeons' Board**
Please identify with VET PREMISE NAME & REGISTRATION NUMBER

Cheque Money Order **DO NOT POST CASH**

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

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

Name on card: _____

EXPIRY DATE /

Signature of cardholder: _____