



Veterinary Surgeons' Board



FORM 4B

Application to transfer ownership of veterinary clinic or hospital		<i>Veterinary Surgeons Act 1960 s. 24A</i>
Premises	<u>Name of clinic/hospital</u>	<u>Registration No: PM</u> <input type="text"/> <input type="text"/> <input type="text"/>
	Street address _____ _____	
	Postal address _____ _____	
	Telephone _____ Fax _____	
	Email _____	
Ownership Veterinary Premises	<u>Current Owner (veterinary surgeon)</u>	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
	Email _____ Reg No: _____	
	<u>New Owner (veterinary surgeon or Board registered Body Corporate)</u>	
	Name _____	
	Address _____ _____	
	Telephone _____ Fax _____	
	Email _____ Reg No: _____	

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

Signature

Current owner veterinary surgeon

Date

New owner veterinary surgeon

Date

EXPECTED DATE TO TRANSFER OWNERSHIP _____

NAME OF VET MANAGER _____

NAME OF OFFICE MANAGER _____
(If different to Vet Manager)

TYPE OF PREMISES _____
(SMALL ANIMAL/MIXED/EQUINE)

NAME OF PRACTICES OPERATING IN THE PREMISES

1 _____ 2 _____

Please attach

FEE \$60 (amendment of register - *usually paid by current owner*)

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 & Mastercard Only** Please fill in details below.

Card Number																			
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Name on card: _____

EXPIRY DATE /

Signature of cardholder: _____