



Application to Transfer a Veterinary Hospital Licence

Issue Review Ref number	May 2016 Annually FH03
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Practice Details	Business Name				ABN/ACN			
	Hospital Name							
	Address							
	Suburb/Town				NSW	Postcode		
	Licence Number:							
	Postal Address							
	Suburb/Town				NSW	Postcode		
	Email Address							
	Hospital Phone				Hospital Fax			
	Type of Licence	Small Animal		Large Animal		Large & Small (mixed)		

Notes

- This form must be completed and signed by **all** current hospital licence holders and **all** applicants or proposed hospital licence holders
- In accordance with the *Veterinary Practice Act 2003 (s 14)*, one or more veterinary practitioners must have a controlling interest in the corporation, partnership or firm representing itself to be a veterinary practice unless this is an application for an exempt body. The Board conducts random audits of veterinary practices owned by different legal entities to ensure compliance with the legislation.
- Only the names of registered veterinary practitioners should be provided on this form as current licence holders or as applicants to hold a licence.
- Please ensure a valid postal address is supplied to safeguard delivery of licence documents and future correspondence from the Board.
- Please note that an Appointment of a Superintendent Form (H02) must also be submitted.



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CURRENT LICENCE HOLDERS				
Veterinary Practitioner 1 Details	Given name(s)			
	Family name		Registration No	
	Address			
	Suburb/Town	State/Territory		Postcode
	Email Address			
	Phone	Fax		Mobile
	Signature			Date
Veterinary Practitioner 2 Details	Given name(s)			
	Family name		Registration No	
	Address			
	Suburb/Town	State/Territory		Postcode
	Email Address			
	Phone	Fax		Mobile
	Signature			Date
Veterinary Practitioner 3 Details	Given name(s)			
	Family name		Registration No	
	Address			
	Suburb/Town	State/Territory		Postcode
	Email Address			
	Phone	Fax		Mobile
	Signature			Date

For more current licence holders please submit extra copies of this page.



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APPLICANT LICENCE HOLDERS							
Veterinary Practitioner Applicant 1 Details	Given name(s)						
	Family name			Registration No			
	Address						
	Suburb/Town			State/Territory		Postcode	
	Email Address						
	Phone		Fax		Mobile		
	Percentage of controlling interest of corporation or business			%			
	Signature			Date			
Veterinary Practitioner Applicant 2 Details	Given name(s)						
	Family name			Registration No			
	Address						
	Suburb/Town			State/Territory		Postcode	
	Email Address						
	Phone		Fax		Mobile		
	Percentage of controlling interest of corporation or business			%			
	Signature			Date			
Veterinary Practitioner Applicant 3 Details	Given name(s)						
	Family name			Registration No			
	Address						
	Suburb/Town			State/Territory		Postcode	
	Email Address						
	Phone		Fax		Mobile		
	Percentage of controlling interest of corporation or business			%			
	Signature			Date			

For more applicants please submit extra copies of this page.