

Appointment of a Superintendent of a Registered Veterinary Premises

Premises details

Business Name		ABN/ACN	
Street no. and name			
Suburb/Town		Postcode	
Registration Number			

Declaration

I/We being the registration holder(s) of the above licensed veterinary hospital (attached) appoint the following registered veterinary practitioner as superintendent effective from:

Date

Signature of Premises
Registration Holder

Date

Print Name

Superintendent details

Given name(s)			
Family name			
Veterinary Practitioner Registration number			
Work Email Address*			
Personal Email Address			

I confirm that I have read and will abide by the Responsibilities of a Veterinary Superintendent policy.

Signature of
superintendent

Date

***Note:** This email address will be used as the primary contact in regard to premises registration.

Once completed, please email this form to CED.vetboard@act.gov.au.