Appointment of a Superintendent of a Registered Veterinary Premises

Date issued: December 2018
Ref: VP11

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.*

ACT Veterinary Practitioners Board
GPO Box 158
CANBERRA ACT 2601

Telephone: (02) 6207 0012
Email: tccs.vetboard@act.gov.au
Website: www.cityservices.act.gov.au/pets-and-wildlife/veterinary-practitioners-board