

Notification of Change of Details

Use this form to:

- Transfer premises registration to another registration holder
- Change of business name
- Change services offered at a veterinary hospital
- Change of Business Location

Change of Business Name

I/We being the registration holder(s) as listed below of the above registered premises apply to change the name of this veterinary premises to the following:

Signature of Premises Registration Holder		Date	
Print Name			

Change of Services provided at Veterinary Hospital

I/We being the registration holder(s) as listed below of the above registered premises apply to nature of the services provided at this veterinary hospital to the following:

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Current registration holder details

Transfer Premises Registration

Title	
Given name(s)	
Family name	
Street no. and name	
Suburb/Town	
State or Territory	
ABN	
ACN (if applicable)	
Phone Number	
Email	

If you are not the sole owner, please provide the name/s of other owners, company directors/executives.

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I/We being the current registration holder/s apply transfer the above registered veterinary premises to the new registration holder listed below.

Signature of Premises
Registration Holder

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Date

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Print Name

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Proposed premises registration holder details (new registration holder to complete this section)

Contact details

Title

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Given name(s)

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Family name

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Street no. and name

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Suburb/Town

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State or Territory

	Postcode	
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ABN

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ACN (if applicable)

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Phone Number

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Email

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If you are not the sole owner, please provide the name/s of other owners, company directors/executives.

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Declaration by new premises registration holder

It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (See Criminal Code 2002 pt 3.4)

I declare that the details in this submission are true and correct. In signing this declaration, I accept that:

- a) The ACT Veterinary Practitioners Board may suspend or cancel and approval given for the veterinary premises if the approval was granted because of materially false or misleading representation or document, made either orally or in writing; and
- b) The provision of false or misleading information to the ACT Veterinary Practitioners Board represents professional misconduct.

Signature

Date

Premises details

Intended Business Name

Street no. and name

Suburb/Town

Postcode

State/Territory

Postal Address (if different to above)

Suburb/Town

Postcode

State/Territory

Email Address

Phone Number

Superintendent details

Given name(s)

Family name

Registration No

State/Territory

Work Email Address*

Personal Email Address

Signature

Date

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

Change of business location (premises relocation)

A change of business location must be accompanied by

- a current floor plan of the new premises and
- a completed VP10 Veterinary Premises Self-Assessment Checklist to allow the Board to assess compliance with the ACT Veterinary Premises Standards.

Business Name

Previous Street no. and name

Previous Suburb/Town

Previous State/Territory

	Previous Postcode	

Postal Address (if different to above)

Suburb/Town

State/Territory

	Postcode	

Email Address

Phone Number

Details of new location

Business Name

Street no. and name

Suburb/Town

State/Territory

	Postcode	

Postal Address (if different to above)

Suburb/Town

State/Territory

	Postcode	

Email Address

Phone Number

Signature(s) of Premises
Registration Holder

Print Name(s)

Date

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Signature of Veterinary
Premises Superintendent

Print Name

Date

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