

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 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:

 Signature of  
 Premises  
 Registration Holder  
 Print Name


Date

**CURRENT REGISTRATION HOLDER DETAILS**
**Transfer Premises Registration**

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



**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.*