

Advice to applicants

General

Use this form to:

- establish new premises;
- re-locate existing approved premises;
- upgrade existing approved premises to a higher level of practice; and
- use existing unapproved premises.

The registration period will be from 1 July to 30 June and premises registrations must be renewed annually. The Board may cancel the registration if the annual registration fee is not paid.

Consideration of applications by the Board

The Board considers applications at its monthly meeting (meeting dates are available on the website). It is the applicant's responsibility to ensure their application is correctly completed, accompanied by the necessary supporting documentation, and is received at least 10 days prior to the Board meeting. Applications that are incomplete or do not have the required supporting documentation will not be considered by the Board.

Applicants may request their application be considered out-of-session by the Board. Applicants should allow up to 10 working days for the Board to consider out-of-session applications. An additional fee applies for this service.

The Board will assess the suitability of the premises in line with the *Veterinary Practice Act 2018* (the Act) and the *Veterinary Premises Standards* established under Section 72 of the Act.

Inspections

An application must grant permission for a member or an officer of the Board to carry out inspections of the premises for the purposes of determining registration. Inspections are required every four years and at any other time determined by the Board. The appointed superintendent of the premises will be advised in writing prior to an inspection taking place.

The information contained within the *Premises Standards* sets out the criteria that will be used to assess a veterinary premises during an inspection and forms part of this application as a self-assessment tool.

Non-adherence or breach of the statements may be grounds for finding of a breach under the Act.

Change of details

Applicants must notify the Board in writing within 14 days of a change of information provided in this application. Form *VP12 Notification of Change of Details* is to be used to update:

- a premises name;
- transfer premises registration to another registration holder;
- a registration holder's name or address; or
- nature of services provided at a veterinary hospital

If you are re-locating a hospital from one premises to another you must submit a new application to register a veterinary premises and you must notify the Board of the cancellation of the existing registration.

Offence provisions

There are offence provisions in the ACT that apply to veterinary premises. Offence provisions also apply to persons conducting a veterinary service at a premises not approved by the Board or not approved for the type of service being provided.

Conditional Registration

The Board may impose on an approval for registration as a veterinary premise any reasonable condition the Board determines. The Board may amend, suspend or cancel an approval on reasonable grounds through the ACT Civil and Administrative Tribunal.

A premises can be subject to any condition that the Board imposes, for example, that procedures about inspections and reporting must be complied with by the premises.

Refusal or Registration

The Board may refuse to grant the application if satisfied that:

- the premises are not suitable for use, having regard to the applicable standards;
- the details provided of equipment and fittings are deemed inadequate;
- a veterinary surgeon will not be practising at the premises; and
- the applicant (and if a corporation, any of the corporation executive officers), has been convicted of a disqualifying offence.

Privacy

Your privacy is important to us. The Board will only retain information about you that is required under legislation to maintain the Register of Veterinary Practitioners or the Register of Veterinary Premises. Credit card details provided with your application will be destroyed after the relevant transaction has been made.

The Act requires elements of the Register to be made available to the public. The Board Secretariat will provide information relating to your employment that would ordinarily be publicly available.

Other Instructions

Other instructions relating to your application:

- Where a question is not applicable, write 'N/A'.
- If there is insufficient space to complete your answer, please provide the details on a signed separate sheet of paper and attach it with your application.
- If you need assistance completing this form, please contact the Board Secretariat via email tccs.vetboard@act.gov.au or telephone (02)6205 0012.

**Required documentation/
submission checklist**

The following documents must accompany your submission:

- Self-assessment checklist
- Detailed floor plan of premises showing layout, size (square metres), identifying work and public areas, the location of equipment, furniture and fittings, water supply, restricted drug storage area and controlled drug receptacles, customer parking, and access.

Note: Photographs can be submitted as additional supporting information.

Note: If located within the same premises as another business a suitable floor to ceiling barrier must be erected to separate the veterinary hospital from the business. The location and detail of this barrier must be provided with the plan.

- Evidence of possession licence (or receipt of application) for x-ray equipment if installed.
- Australian Business Register Details - an extract of current details for the ABN linked to the proposed registration holder must be downloaded from the ABN lookup website.

In addition, please ensure you have:

- Completed all sections of the application.
- Signed the declaration on page 3.
- Completed the payment details.

Do not submit your application unless all information has been provided and the required supporting documents are available and have been attached to this application.

Submitting your application

Submit your application in one of the following ways:

Mail:

Registrar
ACT Veterinary Practitioners Board
GPO Box 158
CANBERRA ACT 2601

Email: TCCS.vetboard@act.gov.au

Note: there is a 10MB limit for each email received at this address. The Secretariat will confirm receipt of your application.

PROPOSED PREMISES REGISTRATION HOLDER DETAILS**CONTACT DETAILS**

| | | | |
|---------------------|--|----------|--|
| Title | | | |
| Given name(s) | | | |
| Family name | | | |
| Street no. and name | | | |
| Suburb/Town | | | |
| State or Territory | | Postcode | |

| | |
|---------------------|--|
| 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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| |

Are you requesting permission for a house call practice only?

 Y/N

If yes, do not fill in premises details but supply a letter from a practice agreeing to take referred cases.

Declaration

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:

- 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
- The provision of false or misleading information to the ACT Veterinary Practitioners Board represents professional misconduct.

Signature

| |
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Date

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PREMISES DETAILS

Intended Business Name

Physical Address

Suburb/Town

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

State/Territory

Postal Address (if different to above)

Suburb/Town

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

State/Territory

Email Address

Phone Number

Type of Licence

| | | |
|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | 1. Veterinary Consulting Room | A premises where a restricted act of veterinary science (other than major veterinary surgery or emergency care) may be carried out |
| <input type="checkbox"/> | 2. Veterinary Clinic | A premises where a restricted act of veterinary science, including major veterinary surgery, may be carried out |
| <input type="checkbox"/> | 3. Mobile Veterinary Clinic | A vehicle, including a trailer, that may be moved from one location to another, and is modified to operate as a veterinary clinic |
| <input type="checkbox"/> | 4. Veterinary Hospital | A premises where a restricted act of veterinary science, including major veterinary surgery and emergency care, may be carried out, and a higher level of diagnostic facilities than are available at a veterinary clinic is provided |
| <input type="checkbox"/> | 5. Mobile Veterinary Hospital | A vehicle, including a trailer, that may be moved from one location to another, and is modified to operate as a veterinary hospital |

Anticipated opening date

Brief description of nature of veterinary services to be provided at the veterinary premises.

Size of premises (internal area) square metres

Is the premises a new construction, used previously for a different purpose, or on the applicant's property? Please provide details.

Is the premises:

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Stand alone |
| <input type="checkbox"/> | Attached to a residence |
| <input type="checkbox"/> | Leased/Rented |

If leased/rented, please provide details below about the type of complex and how many other shops/offices there are in the complex.

Construction material

Building

Internal walls

Floors

| |
|--|
| |
| |
| |

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.

Declaration

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

| | |
|------|--|
| Date | |
|------|--|

Signature of Premises Registration Holder

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| |

| | |
|------|--|
| Date | |
|------|--|

Print Name

Payment details

Total registration fee to be paid: \$

I authorise the ACT Veterinary Practitioners Board to debit my credit card the applicable registration fee.

Signature

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| |
|--|

Date

| |
|--|
| |
|--|

Credit Card type

Visa

MasterCard

Name on Card

| | | | | | | | |
|-------------|--|--|--|--|-------------|------|-----|
| | | | | | | | |
| Card Number | | | | | Expiry Date | | CCV |
| Signature | | | | | | Date | |

The portion of the form below the dotted line will be destroyed after the transaction has been completed.