



Application for a Licence to Conduct a Veterinary Hospital

Practice Details

Practice Name

Practice Address

Suburb/Town

State

Postcode

Practice Phone Number

Practice Fax Number

Email

Practice Postal Address *(if same as above leave blank)*

Suburb/Town

State

Postcode

Applicant 1 Details

Given Name(s)

Surname

Certificate Number

Address

Suburb/Town

State

Postcode

Telephone

Fax

Mobile

Email

Percentage ownership of practice

I certify that the information provided on this application is correct. * refer to Notes

Signature

Date

Applicant 2 Details

Given Name(s)

Surname

Certificate Number

Address

Suburb/Town

State

Postcode

Telephone

Fax

Mobile

Email

Percentage ownership of practice

I certify that the information provided on this application is correct. * refer to Notes

Signature

Date

Applicant 3 Details

| | | |
|----------------------|----------------------------------|----------------------|
| Given Name(s) | Surname | Certificate Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| Suburb/Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone | Fax | Mobile |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | Percentage ownership of practice | |
| <input type="text"/> | <input type="text"/> | |

I certify that the information provided on this application is correct.* refer to Notes

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

Applicant 4 Details

| | | |
|----------------------|----------------------------------|----------------------|
| Given Name(s) | Surname | Certificate Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| Suburb/Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone | Fax | Mobile |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | Percentage ownership of practice | |
| <input type="text"/> | <input type="text"/> | |

I certify that the information provided on this application is correct.* refer to Notes

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

Notes

- **Please ensure you have read and that your application complies with the NSW Veterinary Hospital Licence Guidelines (Form H2).**
- **Please attach a detailed floorplan of the premise**, showing layout and facilities including plumbing and the location of major items of equipment eg. radiographs, drug storage and cages.
- **Please attach the nominated Superintendent form (Form H3).**
- Please be aware of Section 14 of the Veterinary Practice Act 2003 if your practice is owned by a company, partnership, trust or other legal entity (the Board does not require evidence of your company structure, but will be conducting random audits of veterinary practices owned by companies to ensure compliance with the legislations).

Hospital Registration Payment Details

Amount Payable \$365 (not subject to GST) (Application Fee - \$115 + Hospital Registration Fee - \$250 = \$365)

Name on Card

Card Number

Expiry Date

 /

Visa Mastercard Bankcard

Signature

Date