



## Application to transfer a Hospital Licence

### Practice Details

Practice Name

Practice Address

Suburb/Town

State

Postcode

Practice Phone Number

Practice Fax Number

Email

### Licensee(s) Details (Current)

Given Name(s)

Surname

Certificate Number

Signature

Date

Given Name(s)

Surname

Certificate Number

Signature

Date

Given Name(s)

Surname

Certificate Number

Signature

Date

Given Name(s)

Surname

Certificate Number

Signature

Date

### Licensee 1 Details (New)

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

### Licensee 2 Details (New)

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"/>

### Licensee 3 Details (New)

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"/>

### Licensee 4 Details (New)

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 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).