



Application for a copy of the Register of Veterinary Hospitals

Issue
Review
Ref number

October 2020
Annually
FH05

APPLICANT DETAILS

Name	Title						
	Given name(s)						
	Family name						
Phone numbers	Mobile		Business hours		After hours		
	Email address						
	Organisation details	Name				ABN	
Street							
Suburb							
State or Territory						Postcode	
Country							

Please state why you would like a copy of the Register of Licensed Hospitals

DECLARATION

I declare that:

- a) The information provided on this form is true and correct
- b) The Register will only be used for the purpose specified on this form
- c) I will not distribute or permit others to distribute copies of the Register to other parties

Signature

Date

Notes:

The Veterinary Practitioners Board of NSW (Board) will review this application at its monthly meeting and you will be notified within one week of the Board's decision.

If successful you will be invoiced for \$600 and upon payment an Excel® spreadsheet containing the name of the superintendent, street address, telephone and fax numbers for each veterinary hospital (licensed premises) in NSW will be sent to your nominated email address.