



**Annual Return for a Veterinarian
1 April to 31 March**

Issue May 2018
Review Annually
Ref number FR12

Year of Return

1. REGISTRANT DETAILS

Name	Title	<input type="text"/>	
	Given name(s)	<input type="text"/>	
	Family name	<input type="text"/>	
Registration Number	V	<input type="text"/>	<input type="text"/>

Principal place of residence	Street	<input type="text"/>		
	Suburb	<input type="text"/>		
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>
	Country	<input type="text"/>		

Principal place of work	Name of organisation	<input type="text"/>		
	Street	<input type="text"/>		
	Suburb	<input type="text"/>		
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>
	Country	<input type="text"/>		

Would you like your work address to appear on our website?	Y/N
Would you like your work phone number to appear on our website?	Y/N

Postal address	Residential address <input type="text"/>	Work address <input type="text"/>	Postal address (below) <input type="text"/>
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Suburb	<input type="text"/>		
State or Territory	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

Phone numbers	Mobile <input type="text"/>	Work <input type="text"/>	Home <input type="text"/>
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Email address	<input type="text"/>
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You will receive registration renewal, Boardtalk and most Board correspondence by email.



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2. ANNUAL RETURN

Premises Was your work address for the return period the same as your current work address above? Y/N

If no, please provide details:

Principal place of work for the return period

Name of organisation			
Street			
Suburb			
State or Territory		Postcode	
Country			

Did you provide a mobile, ambulatory or home visit veterinary service during the return period? Y/N

If yes, was this service based from a licensed veterinary hospital (premises where you are able to perform major surgery)? Y/N

CPD How many CPD points did you attain during the return period?

Structured CPD points	
Unstructured CPD points	

Please select the option below (tick) that best indicates your main area of work during the return period

- | | |
|--------------------------|-----------------------------------------------------|
| <input type="checkbox"/> | General small animal practice |
| <input type="checkbox"/> | General large animal practice |
| <input type="checkbox"/> | General mixed animal practice |
| <input type="checkbox"/> | Specialist small animal practice |
| <input type="checkbox"/> | Specialist large animal practice |
| <input type="checkbox"/> | Specialist other |
| <input type="checkbox"/> | Government veterinary officer (Local Land Services) |
| <input type="checkbox"/> | Government veterinary officer (State) |
| <input type="checkbox"/> | Government veterinary officer (Commonwealth) |
| <input type="checkbox"/> | Government research and development |
| <input type="checkbox"/> | Private research and development |
| <input type="checkbox"/> | University |
| <input type="checkbox"/> | TAFE |
| <input type="checkbox"/> | Pharmaceutical |
| <input type="checkbox"/> | Other veterinary pursuit |
| <input type="checkbox"/> | Absence from practice |
| <input type="checkbox"/> | Retired |
| <input type="checkbox"/> | Non-veterinary pursuit |

Specialist Are you a registered veterinary specialist in Australia? Y/N

If yes, what was the average number of hours per week during the return period that you worked in in the field of veterinary science in which you hold specialist registration?



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DECLARATION

a) Have you been found guilty in any court of law of any of the following:

(i) An offence under any of the following Acts or any of the regulations under these Acts

a) *Veterinary Practice Act 2003*

Y/N

b) *Prevention of Cruelty to Animals Act 1979*

Y/N

c) *Stock Medicines Act 1989*

Y/N

d) *Biosecurity Act 2015*

Y/N

e) *Poisons and Therapeutic Goods Act 1966*

Y/N

f) *Export Control Act 1982 (Commonwealth)*

Y/N

If yes to any of the above please provide details

(ii) Any other offence under a law of this State or of the Commonwealth, or another State or Territory, that imposes a requirement on a veterinary practitioner in his or her capacity as a veterinary practitioner

Y/N

If yes, please provide details

(iii) Any offence under a law of the Commonwealth, or another State or Territory, or of a jurisdiction outside Australia, that may reasonably be considered to be equivalent to an offence under (i) or (ii) above

Y/N

If yes, please provide details



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DECLARATION

- b) Have you suffered any injury or illness (physical or mental) at any time during the return period that detrimentally affected or may reasonably be thought likely to have detrimentally affected your physical or mental capacity to practise veterinary science?

Y/N

If yes, please provide details

- c) Have you had any suspension or cancellation of, or imposition of conditions on, the licence, registration or other authorisation in relation to the practice of veterinary science in another jurisdiction (either within Australia or overseas) during the return period?

Y/N

If yes, please provide details

- d) Have you been refused a licence, registration or other authorisation in relation to the practice of veterinary science in another jurisdiction (either within Australia or overseas) during the return period?

If yes, please provide details

Signature

Date