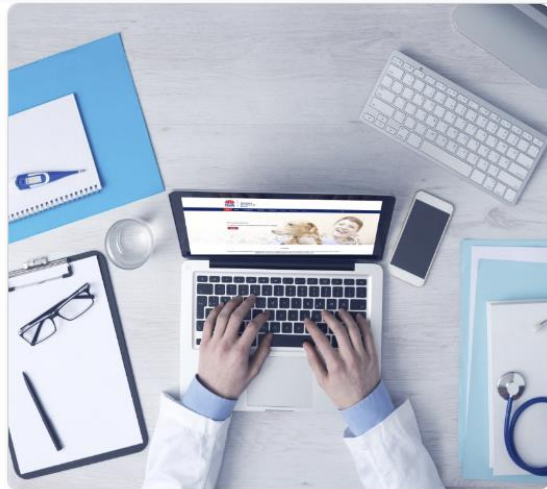




Veterinary  
Practitioners  
Board

# Migrating to the new portal





## Forgot Password

Please enter your email address to continue

Send Link

Cancel





**Veterinary  
Practitioners  
Board**

[Reset password](#)

The Veterinary Practitioners Board has received a request to reset your password.

Please [follow this link](#) to reset your password. The link can only be used once and will expire in 24 hours.

If you did not submit this request, please contact the Board.

Thank you

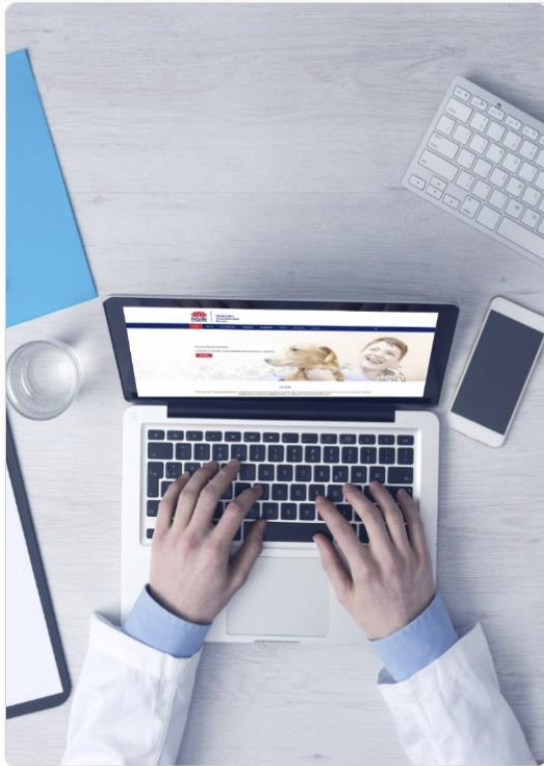
**Veterinary Practitioners Board**  
Suite 7.09 247 Coward St Mascot NSW 2020

E: [admin@vpb.nsw.gov.au](mailto:admin@vpb.nsw.gov.au)

P: [+61 2 8338 1177](tel:+61283381177)

W: <https://www.vpb.nsw.gov.au>





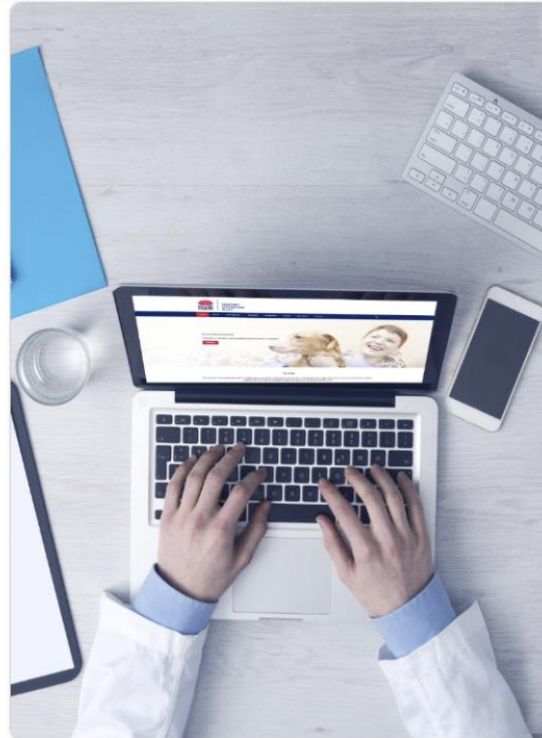
## Reset Password

Enter a valid password

Confirm new password

- Minimum 8 characters are required.
- At least one lowercase character is required.
- At least one uppercase character is required.
- At least one number is required.
- At least one special character is required.





## Reset Password

- Minimum 8 characters are required.
- At least one lowercase character is required.
- At least one uppercase character is required.
- At least one number is required.
- At least one special character is required.

Reset

Cancel





## Login

Email



Email address is required

Password



Password is required

Login

Remember me

[I forgot my password](#)

Create a Login





## About

This form is used to migrate your details to our new database.

Please verify your mobile phone number and home, work and mailing addresses.



Next



## How to use

- A field with \* indicates a required field.

[Back](#)








## Verify Mobile Number

Enter Mobile Number\*

 +61

Verify Mobile Number

Back

Exit

Next





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[How To Use](#)

[Verify Mobile Number](#)

[Residential Address](#)

[Work Address](#)

[Mailing Address](#)

[Submission](#)

## Residential Address

Country  
Select Country 

Enter address\*

Back

Exit

Next 



## Residential Address

Country  
Australia

Enter address\*  
247 cow|

- 247 COWANNA AVENUE, MERBEIN VIC 3505
- 247 COWARD STREET, MASCOT NSW 2020
- L 1 247 COWARD STREET, MASCOT NSW 2020
- SE 101 247 COWARD STREET, MASCOT NSW 2020
- SE 201 247 COWARD STREET, MASCOT NSW 2020

Back

Exit

Text





### Residential Address

Country  
Australia

Enter address\*  
unit 2010

- UNIT\_20104\_11 WHARF STREET, HAMILTON QLD 4007
- UNIT\_20105\_11 WHARF STREET, HAMILTON QLD 4007
- U\_2010\_421 DOCKLANDS DR, DOCKLANDS VIC 3008
- U 2010 9 POWER ST, SOUTHBANK VIC 3006
- U 1 220 GOULBURN ST, DARLINGHURST NSW 2010
- U 1 220 GOULBURN ST, DARLINGHURST NSW 2010

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Exit

Next





About

How To Use

Verify Mobile Number

**Residential Address**

Work Address

Mailing Address

Submission

## Residential Address

Country  
New Zealand

Can't find my address

Building or Site Name

Unit Number

Street Number

Street Name\*

Street Type\*

Street Suffix

Street Number Type\*

Number  Lot

Suburb\*

State

Postcode\*

Back

Exit

Next





## Work Address

Please provide the address at which you will or are working as a veterinarian.\*

If you do not have a current work address please use your residential address. If you have more than one work address choose one or use your residential address.

Your work address cannot be a post office box.

Your work address cannot be a post office box.

Use my residential address

Use a separate work address

Back

Exit

Next



## Work Address

Please provide the address at which you will or are working as a veterinarian. \*

If you do not have a current work address please use your residential address. If you have more than one work address choose one or use your residential address.

Your work address cannot be a post office box.

Your work address cannot be a post office box.

Use my residential address

Use a separate work address

Select your work address from our records?\*

Yes  No, I can't find my work address

Would you like your business name to display on the Board's website?

Yes  No

Back

Exit

Next





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- [About](#)
- [How To Use](#)
- [Verify Mobile Number](#)
- [Residential Address](#)
- [Work Address](#)
- [Mailing Address](#)
- [Submission](#)

**Please provide the address at which you will or are working as a veterinarian. \***

If you do not have a current work address please use your residential address. If you have more than one work address choose one or use your residential address.

Your work address cannot be a post office box.

Your work address cannot be a post office box.

Use my residential address
  Use a separate work address

**Select your work address from our records?\***

Yes
  No, I can't find my work address

**First select the suburb then the business from the list below:**

Select the suburb\*

MASCOT

Select the business\*

Select

Would you like your business name to display on the Board's website?

Yes
  No

Back

Exit







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**First select the suburb then the business from the list below:**

Select the suburb\*

MASCOT

Select the business\*

Mascot Veterinary Hospital

**Business Address:** Shop 3 220 King Street MASCOT NSW 2020 AUSTRALIA

Would you like your business name to display on the Board's website?

Yes  No

The name of the business to appear on the public register is

Mascot Veterinary Hospital

Would you like your work address to display on the Board's website?

Yes  No

Would you like your work phone number to display on the Board's website?

Yes  No

Back

Exit

Text



## Work Address

Please provide the address at which you will or are working as a veterinarian. \*

If you do not have a current work address please use your residential address. If you have more than one work address choose one or use your residential address.

Your work address cannot be a post office box.

Your work address cannot be a post office box.

Use my residential address

Use a separate work address

Select your work address from our records?\*

Yes  No, I can't find my work address

Would you like your business name to display on the Board's website?

Yes  No

Back

Exit

Next



## Mailing Address

Please select:\*

Same as Residential Address

Same as Work Address

I have a different mailing address

Back

Exit

 Next



## Mailing Address

Please select\*

Same as Residential Address

Same as Work Address

I have a different mailing address

Country  
Australia

Can't find my address

Do you have a PO BOX, BAG or CBM? \*  Yes  No

Box Type (PO BOX, LOCKED BAG, CBM etc.)\*

Box, Bag or CBM Number\*

Suburb\*

State\*

Postcode\*

Back

Exit

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## Submission

Thank you for verifying your details.



[Go to Dashboard](#)



Dr Charles Montgomery Burns

Nuclear Family Veterinary Hospital

+61 0400 111 111

excellent@gmail.com

Registration Status

Registration Number

Division

Conditions

Declarations

Expiry Date

Registered  
NSW V 1000000  
Full  
No  
No  
30 June 2024



- Personal
- Registration
- Qualifications
- Conditions & Declarations
- Employment
- Supervision
- Applications
- Payments
- Correspondence
- Letter of Professional Standing
- Continuing Professional Development
- History

## Personal

▼ Edit

**Name** Dr Charles Montgomery Burns

**Preferred name** Monty

**Date of birth** 06 August 1945

**Age** 79 (70's)

**Gender** Male

**Country** Australia

**Languages known** No

**Notifications** Yes

**Phone**

**Email**

**Residential address**

**Mailing address**

