



Application for Veterinary Hospital Licence

Issue October 2020
Review Annually
Ref number FH01

HOSPITAL DETAILS

Hospital Name

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Address

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Suburb/Town

	Postcode	
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Postal Address

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Suburb/Town

	Postcode	
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Email Address

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Website Address

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Hospital Phone

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Type of Licence

Small Animal	
Large Animal	
Small and Large Animal	

*Licence No
(office use)*

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DA Approval

Yes		No	
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Anticipated opening date

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Additional notes regarding application:

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LICENCE HOLDER DETAILS

Proposed Licence Holder Type	Sole Proprietor	<input type="checkbox"/>	Public Service Agency	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Agricultural Supplier	<input type="checkbox"/>
	Company	<input type="checkbox"/>	Charitable Organisation	<input type="checkbox"/>

Proposed Licence Holder Details	Registered Business Name	<input type="text"/>		
	ABN	<input type="text"/>	<input type="text"/>	
	ACN	<input type="text"/>	<input type="text"/>	

Contact Details for accounts (If same as hospital 'as above')	Given name(s)	<input type="text"/>		
	Family name	<input type="text"/>		
	Contact Address	<input type="text"/>		
	Suburb/Town	<input type="text"/>		
	State or Territory	<input type="text"/>	Postcode	<input type="text"/>
	Position/Role	<input type="text"/>		
	Telephone	<input type="text"/>		
Facsimile	<input type="text"/>			
Email	<input type="text"/>			

You will receive licence renewal correspondence only by email and to this address



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CONTROLLING INTEREST DETAILS

Veterinary Practitioner Applicant 1 Details

Given name(s)				
Family name			Registration No	
Address				
Suburb/Town	State/Territory		Postcode	
Email Address				
Phone	Facsimile		Mobile	
Percentage of controlling interest of corporation or business			%	

I certify that the information provided on this application is correct and complies with *Section 14* of the *Veterinary Practice Act 2003* and the Veterinary Hospital Licence Guidelines

Signature		Date	
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Veterinary Practitioner Applicant 2 Details

Given name(s)				
Family name			Registration No	
Address				
Suburb/Town	State/Territory		Postcode	
Email Address				
Phone	Facsimile		Mobile	
Percentage of controlling interest of corporation or business			%	

I certify that the information provided on this application is correct and complies with *Section 14* of the *Veterinary Practice Act 2003* and the Veterinary Hospital Licence Guidelines

Signature		Date	
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Veterinary Practitioner Applicant 3 Details

Given name(s)				
Family name			Registration No	
Address				
Suburb/Town	State/Territory		Postcode	
Email Address				
Phone	Facsimile		Mobile	
Percentage of controlling interest of corporation or business			%	

I certify that the information provided on this application is correct and complies with *Section 14* of the *Veterinary Practice Act 2003* and the Veterinary Hospital Licence Guidelines

Signature		Date	
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Veterinary Practitioner Applicant 4 Details

Given name(s)				
Family name		Registration No		
Address				
Suburb/Town	State/Territory	Postcode		
Email Address				
Phone	Facsimile	Mobile		
Percentage of controlling interest of corporation or business		%		

I certify that the information provided on this application is correct and complies with Section 14 of the Veterinary Practice Act 2003 and the Veterinary Hospital Licence Guidelines

Signature		Date	
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Veterinary Practitioner Applicant 5 Details

Given name(s)				
Family name		Registration No		
Address				
Suburb/Town	State/Territory	Postcode		
Email Address				
Phone	Facsimile	Mobile		
Percentage of controlling interest of corporation or business		%		

I certify that the information provided on this application is correct and complies with Section 14 of the Veterinary Practice Act 2003 and the Veterinary Hospital Licence Guidelines

Signature		Date	
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Veterinary Practitioner Applicant 6 Details

Given name(s)				
Family name		Registration No		
Address				
Suburb/Town	State/Territory	Postcode		
Email Address				
Phone	Facsimile	Mobile		
Percentage of controlling interest of corporation or business		%		

I certify that the information provided on this application is correct and complies with Section 14 of the Veterinary Practice Act 2003 and the Veterinary Hospital Licence Guidelines

Signature		Date	
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For more applicants please submit extra page(s).



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SUPERINTENDENT DETAILS

Given name(s)

Family name

Registration No

State/Territory

Work Email Address

Personal Email Address

Signature

	Date	

Declaration

I/We being the licensee(s) of the above licensed veterinary hospital (attached) appoint the following registered veterinary practitioner as superintendent effective from:

Date

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CHECKLIST AND PAYMENT DETAILS

Required documentation

The following documents must accompany your application:

- ✓ **Australian Business Register Details**
An extract of current details for the ABN linked to the proposed licence holder must be downloaded from the ABN Lookup website
- ✓ **Detailed Floor Plan**
Architect or draughtsman quality scaled drawing showing layout and facilities including location of reception, consultation rooms, surgery, imaging, laboratory, pharmacy, animal wards and cages, isolation facilities, and required plumbing. Further details as described in the Minimum Requirements for Veterinary Hospitals (GH01).

Please note, if located within the same premises as another business a suitable barrier must be erected to separate the veterinary hospital from that business. The location and detail of this barrier must be provided with the plan.
- ✓ **Completed Self Assessment Checklist for Veterinary Hospital Superintendents (GH03)**

Notes

- A hospital licence is for specific premises. **If you are re-locating a hospital from one premises to another you must submit an application for a new hospital licence and you must notify the Board of the cancellation of the existing licence** (Please complete and submit a Cancellation of a Veterinary Hospital Licence Form).
- In accordance with the *Veterinary Practice Act 2003* (s 14), one or more veterinary practitioners must have a controlling interest in the corporation, partnership or firm representing itself to be a veterinary practice unless this is an application for an exempt body.
- In accordance with the *Veterinary Practice Act 2003* (s 14) a licence holder must be an individual veterinarian, a partnership, company, public service agency, agricultural supplier or charitable organisation. **A trust cannot hold a veterinary hospital licence.**
- The Board conducts random audits of veterinary practices owned by different legal entities to ensure compliance with the legislation.
- Please ensure a valid postal address is supplied on page 1 to safeguard delivery of licence documents and hospital sign pending approval of this application by the Board.

Licence payment details

The licence period is from 1 July to 30 June.

Licence fee (\$350) plus application fee (\$250) **\$600.00**

Please make cheques payable to **Veterinary Practitioners Board of NSW**

Credit Card type Visa MasterCard

Name on Card								
Card Number					Expiry Date		CCV	
Signature						Date		

Receipt Number (office use)		Date Processed (office use)	
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