

Appointment of a Veterinary Hospital Superintendent

Issue	
Review	
of number	

May 2018 Annually FH02

Details	Business Name						Α	BN/ACN		
	Hospital Name									
	Address									
	Suburb								Postcode	
	Postal Address									
	Suburb								Postcode	
	Email Address									
	Hospital Phone					Hosp	ital Fax			
	Licence Number	L						•		
				_						
Declaration								ı		
I/We being the licensee(s) of the above licensed veterinary hospital (attached) appoint the following registered veterinary practitioner as superintendent effective from:							Date			
Superintenden	t Details									
Given name(s)										
Family name										
Registration										
Work Email Add	dress									
Personal Email	Address									
Signature								Date		



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sue	May 20:
view	Annually
umber	FH02

	Given name(s)								
Veterinary Practitioner Licensee 1	Family name								
	Registration								
Details	Address								
	Suburb					State/Territory		Postcode	
	Email Address				•		•		
	Phone			Fax				Mobile	
	Percentage controllin	g intere	st of corpo	oration or b	ousiness	<u> </u>		%	
	Signature						Da	te	
	Given name(s)								
Veterinary	Family name								
Practitioner Licensee 2	Registration								
Details	Address								
	Suburb					State/Territory		Postcode	
	Email Address								
	Phone			Fax				Mobile	
	Percentage controllin	g intere	st of corpo	oration or b	ousiness			%	
	Signature						Da	te	
	Given name(s)								
Veterinary	Family name								
Practitioner Licensee 3	Registration								
Details	Address				•				
	Suburb					State/Territory		Postcode	
	Email Address								
	Phone			Fax				Mobile	
	Percentage controllin	g intere	st of corpo	oration or b	ousiness			%	
	Signature						Da	te	

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For more licensees please submit extra page(s).