



Application to Transfer a Veterinary Hospital Licence

Issue
Review
Ref number

May 2018
Annually
FH03

PART A: To be completed by current licence holder

HOSPITAL DETAILS

Hospital Name			
Address			
Suburb/Town		Postcode	
Postal Address			
Suburb/Town		Postcode	
Email Address			
Website Address			
Hospital Phone			
Type of Licence	Small Animal		
	Large Animal		
	Small and Large Animal		
Licence Number	L		

CURRENT LICENCE HOLDER DETAILS

Licence Holder Details	Registered Business Name			
	ABN			
	ACN			
Contact Details (If same as hospital 'as above')	Given name(s)			
	Family name			
	Contact Address			
	Suburb/Town			
	State or Territory		Postcode	
	Position/Role			
	Telephone			
Email				



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CURRENT VETERINARIAN CONTROLLING INTEREST DETAILS

Veterinary Practitioner 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 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 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				%

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Veterinary Practitioner 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 <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines				

Signature		Date	
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Veterinary Practitioner 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 <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines				

Signature		Date	
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Veterinary Practitioner 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 <i>Section 14</i> of the <i>Veterinary Practice Act 2003</i> and the Veterinary Hospital Licence Guidelines				

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



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PART B: To be completed by applicant licence holder

HOSPITAL DETAILS

Hospital Name

Address

Suburb/Town

<input type="text"/>	Postcode	<input type="text"/>
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Postal Address

Suburb/Town

<input type="text"/>	Postcode	<input type="text"/>
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Email Address

Website Address

Hospital Phone

Effective Transfer Date

Additional notes regarding application:



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APPLICANT 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 email address



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APPLICANT VETERINARIAN 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

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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				%

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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			%	

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SUPERINTENDENT DETAILS

Given name(s)			
Family name			
Registration			
State/Territory			
Work Email Address			
Personal Email Address			
Signature		Date	

Declaration

I/We being the applicants of the proposed licensed veterinary hospital appoint the above registered veterinary practitioner as superintendent effective from:

Date

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CHECKLIST

Required documentation

The following documents must accompany your application:

- ✓ **Australian Business Register Details**
An extract of current details for the ABN linked to the applicant 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 pending approval of this application by the Board.