



Supervising Veterinarian Declaration

Issue June 2020
Review Annually
Ref number FR03

I	Given name(s)		
	Family name		
	Registration number:	V	

of

Principal place of work			
			Postcode
	Hospital licence number:		H

(if these are licensed premises)

Hereby undertake to supervise the person named below in the manner determined by the Board¹ for the period and purpose stated below. I understand that the *Veterinary Practice Act 2003* (s 35(f)) defines failure to provide adequate supervision as unsatisfactory professional conduct.

	Given name(s)		
	Family name		
	Registration or Accreditation number:		
	Jurisdiction		

of

Principal place of residence			
	State or Territory		Postcode

Supervising period	
Specific purpose of supervision	

Signature		Date	
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¹ Refer to policy on requirement for supervised practice