

# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VSB SA • 185 FULLARTON RD • DULWICH SA 5065

PHONE: 08 8331 9433 • FAX: 08 8364 4688

WEBSITE: [www.vsbsa.org.au](http://www.vsbsa.org.au) E-MAIL: [admin@vsbsa.org.au](mailto:admin@vsbsa.org.au)

## APPLICATION FOR HOSPITAL STATUS

- To be granted hospital status, the owner/s of the practice must make application on the appropriate form. The premises will be inspected by a person appointed by the Board at a time convenient to both parties.
- Accreditation is granted by the Board after a full inspection of the completed premises has been arranged. A Hospital Inspector appointed by the Board will undertake the inspection, and provide a report to the Board. The report may recommend conditions that are required to be undertaken before hospital accreditation can be formally approved. The Board will approve accreditation for the premise as a veterinary hospital *only when all conditions required by the Board have been met*. This may require a further inspection of the premises or, if a further inspection is not required, hospitals may be asked to provide evidence (e.g. photographs, documentation etc) to support claims that all outstanding conditions have been met.
- To maintain hospital status the premises must be inspected every three years. The fee for subsequent inspections has been set at \$517.00 (inc. GST). Owners will be given at least 2 weeks notice of inspection.
- New owners of existing veterinary hospitals must complete the Application Form within 3 months of the change of ownership, if intending to continue hospital accreditation. An inspection will be arranged within six months after a change of ownership.
- Owner/s providing proof of current Australian Small Animal Veterinary Association Accreditation will not require inspection of premises. Such hospitals will be added to the Veterinary Surgeons Board list of accredited veterinary hospitals free of charge.
- Hospital facilities need to meet the standards set by the Board as per the *Standards for Veterinary Hospitals*. Current copies are available from the office or can be accessed through the website ([www.vsbsa.org.au](http://www.vsbsa.org.au)).
- Please note that any signage, stationery and other ancillary requirements (e.g. advertisements) should not be used until the hospital has gained accreditation from the Board.
- On receipt of a favourable inspection report, and payment of the appropriate fee, \$682.00 (inc. GST) for upgrade to hospital status plus first inspection, and a signed agreement to abide by the Standards, the Registrar will recommend approval of hospital status and issue a Certificate of Accreditation.

Sue Millbank  
**Registrar**  
**Veterinary Surgeons Board of South Australia**

# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

## FORM H: APPLICATION FOR HOSPITAL STATUS

*(Please ensure that all questions are answered and if not applicable, mark N/A)*

1. Name of Hospital: .....

2. Location of Hospital: .....

.....

Post Code: ..... Phone: ..... Fax: .....

3. Name/s of Owner/s: .....

Residential Address: .....

.....

Post Code: ..... Phone: ..... Fax: .....

Email: .....

4. Name of Veterinary Services Provider (if applicable) .....

.....

5. Name/s of veterinary surgeons providing veterinary treatment: .....

.....

.....

.....

6. Hospital Designer/Architect: .....

7. Expected Completion Date: .....

I / We, have read the *Standards for Veterinary Hospitals* and understand that accreditation, and continued accreditation, is contingent upon compliance with these Standards, hereby apply for Hospital Status

(Name of Hospital) .....

Dated the ..... day of ..... 20.....

Signature: .....

**FORWARD APPLICATION TO:** THE REGISTRAR VSBSA 185 FULLARTON RD DULWICH SA 5065

# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VSB SA • 185 FULLARTON RD • DULWICH SA 5065  
PHONE: 08 8331 9433 • FAX: 08 8364 4688  
WEBSITE: www.vsbsa.org.au E-MAIL: admin@vsbsa.org.au

## GRANTING OF HOSPITAL STATUS

### AGREEMENT BETWEEN OWNERS OF PRACTICE AND VETERINARY SURGEONS BOARD OF SA

(To be signed by the inspector and an owner of the practice  
at the time of inspection)

I, .....

on behalf of the Veterinary Surgeons Board of South Australia

Inspected (proposed) ..... Veterinary Hospital

at .....

on .....

my report is attached.

I / We .....

As owner/s of (proposed) .....Veterinary Hospital

Have read the *Standards for Veterinary Hospitals* and understand that accreditation, and continued accreditation, is contingent upon compliance with these Standards. The Board reserves the right to rescind accreditation if at any time it is found that the hospital is not complying with these Standards, subject to the matter being heard before the Board. If accreditation is rescinded, then all reference to hospital status would have to be removed within four weeks of such notification.

Signed ..... Date .....

*This form is to be returned by the Inspector, with the report. The report may include suggestions for changes to enable accreditation to be recommended. Once final recommendation is received from the inspector, and the appropriate fee, along with this signed form, a recommendation will be put to the next meeting of the Veterinary Surgeons Board to recognize the practice as an accredited Veterinary Hospital, and a certificate will be issued.*

Sue Millbank  
**Registrar**  
Veterinary Surgeons Board of South Australia

**Confidential**

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.