

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VETERINARY PRACTICE ACT, 2003

FORM A: CERTIFICATE OF ELIGIBILITY FOR SECONDARY REGISTRATION AS A VETERINARY SURGEON

1.
(Full name)

hereby certify that I am eligible for Secondary Registration as a Veterinary Surgeon
in the state of South Australia

2. My Primary Registration as a veterinary surgeon is in
.....
(State/Territory)

by virtue of my
(Degree)

obtained from
(Institution)

on (date awarded)

Registration Number

3. Business Address:

.....

4. Private Address:

.....

5. Contact Phone Number:

DECLARATION

I,, declare that the above particulars
are true in every respect to the best of my knowledge, information and belief.

Dated the day of 20.....

Signature:

Witness (printed name): Signature:

Position:

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