

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VETERINARY PRACTICE ACT, 2003

FORM 10: VETERINARY SERVICES PROVIDERS

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

(a) Provider's Full Name and Business or (in the case of a corporation) Registered Address:

Full Name of Provider:

Business or Registered Address:

..... Post Code:

Phone: Fax: Email:

(b) Address of the premises at which the provider provides veterinary treatment:

Address:

..... Post Code:

Phone: Fax: Email:

(c) Practice Name of Veterinary Services Provider:

.....

(d) Full names and business addresses of the veterinary surgeons through the instrumentality of whom the provider is providing veterinary treatment. *Please attach a separate sheet if required:*

Full Name of Veterinarian:

Business Address:

..... Post Code:

Phone: Fax:

Full Name of Veterinarian:

Business Address:

..... Post Code:

Phone: Fax:

Full Name of Veterinarian:

Business Address:

..... Post Code:

Phone: Fax:

Full Name of Veterinarian:

Business Address:

..... Post Code:

Phone: Fax:

Full Name of Veterinarian:

Business Address:

..... Post Code:

Phone: Fax:

(e) Full names and addresses of all persons who occupy a position of authority in the trust or corporate entity (if the provider is a trust or corporate entity that has not been exempted by the regulations from the requirements of this paragraph). A person occupies a position of authority if they are 18 years of age or over, and are a Director of the corporate body, or is in a position to exercise control over the affairs of the corporate body, or manages the business, or is a shareholder in the corporate body if a proprietary company, or is a trustee or beneficiary of a trust, in the case of the body corporate being a trust. Please attach a separate sheet if required:

Full Name:

Business Address:

..... Post Code:

Phone: Fax:

Full Name:

Business Address:

..... Post Code:

Phone: Fax:

Full Name:

Business Address:

..... Post Code:

Phone: Fax:

Full Name:

Business Address:

..... Post Code:

Phone: Fax:

Forward to: THE REGISTRAR VSBSA 185 FULLARTON ROAD DULWICH SA 5065

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