



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

APPLICATION FOR ACCREDITATION OF FACILITY AS A VETERINARY HOSPITAL

1. Subject to the *Veterinary Practice Act 2003* (the 'Act'), a facility is eligible for accreditation by the Veterinary Surgeons Board of South Australia (the 'Board') as a veterinary hospital if the person applying for accreditation satisfies the Board that the requirements determined to be necessary for accreditation are met.
2. Subject to the Act, accreditation by the Board of a facility as a veterinary hospital remains in force for a period of 3 years and may be renewed by the Board for successive 3 year periods.
3. An application for accreditation of a facility as a veterinary hospital must:
 - a. be made to the Board by completing Form H: *Application for Accreditation of Facility as Veterinary Hospital*; and
 - b. be accompanied by the prescribed application fee fixed under the Act.
4. An applicant for accreditation of a facility as a veterinary hospital must facilitate inspection of the facility by a person authorised by the Board.
5. A person must, within 3 months after becoming the owner or occupier of a facility that is accredited by the Board as a veterinary hospital, inform the Board in writing of that fact and the person's full name and business or (in the case of a corporation) registered address.
6. A person must not hold out a facility as a veterinary hospital or animal hospital or permit another person to do so unless the facility is accredited as a veterinary hospital by the Board.



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FORM H

APPLICATION FOR ACCREDITATION OF FACILITY AS A VETERINARY HOSPITAL

1. Name of Facility:

2. Street Address of Facility:

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

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Postal Address (or registered address if the owner is a corporate entity):

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Phone: Email:

4. Name of Contact Person (for the purpose of arranging an inspection of the facility):

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Phone: Email:

I have read the *Requirements for Accreditation of a Facility as a Veterinary Hospital* and apply to the Board for accreditation of the facility as a veterinary hospital.

Applicant name/s:

Signature/s: Date:



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Remittance Advice

Application for Accreditation of Facility as a Veterinary Hospital: \$2,225.00

Cheque / Money Order

MasterCard / Visa

(please circle payment type)

Card No:

Expiry No: / CVV No:

Name on Card:

Signature: Date:

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA
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