|  |  |  |
| --- | --- | --- |
| **PREMISES DETAILS** |  |  |
| Business name |  | ABN/ACN |  |
| Street no. and name |  |
| Suburb/town |  | Postcode |  |
| Registration number |  |  |
|  |  |  |  |  |
| **Declaration** |
| I/We being the registration holder(s) of the above licensed veterinary hospital (attached) appoint the following registered veterinary practitioner as superintendent effective from: | Date |  |
|  |  |  |
| Signature of premises registration holder |  | Date |  |
| Print name |  |  |  |
|  |  |  |  |  |
| **SUPERINTENDENT DETAILS** |
| Given name(s) |  |
| Family name |  |
| Veterinary practitioner registration number |  |  |
| Work email address\* |  |
| Personal email address |  |
|  | I confirm that I have read and will abide by the **Responsibilities of a Veterinary Superintendent** policy. |
| Signature of superintendent |  | Date |  |

 *\*Note: This email address will be used as the primary contact in regard to premises registration.*