|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.*