|  |
| --- |
| Use this form to: |
|  | Transfer premises registration to another registration holder |
|  | Change of business name |
|  | Change services offered at a veterinary hospital |
|  |  |
| **Change of Business Name** | I/We being the registration holder(s) as listed below of the above registered premises apply to change the name of this veterinary premises to the following: |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signature of Premises Registration Holder |  | Date |  |
|  | Print Name |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Change of Services provided at Veterinary Hospital** | I/We being the registration holder(s) as listed below of the above registered premises apply to nature of the services provided at this veterinary hospital to the following: |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signature of Premises Registration Holder |  | Date |  |
|  | Print Name |  |  |  |
|  |  |  |  |  |
|  | **CURRENT REGISTRATION HOLDER DETAILS** |
| **Transfer Premises Registration** | Title |  |
| Given name(s) |  |
| Family name |  |
|  | Street no. and name |  |
|  | Suburb/Town |  |  |
|  | State or Territory |  | Postcode |  |
|  | ABN |  |  |  |  |
|  | ACN (if applicable) |  |  |  |  |
|  |  |  |  |  |  |
|  | Phone Number |  |  |  |  |
|  | Email |  |  |  |  |

|  |
| --- |
| If you are not the sole owner, please provide the name/s of other owners, company directors/executives. |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| I/We being the current registration holder/s apply transfer the above registered veterinary premises to the new registration holder listed below. |
|  | Signature of Premises Registration Holder |  | Date |  |
|  | Print Name |  |  |  |

**PROPOSED PREMISES REGISTRATION HOLDER DETAILS (**New Registration holder to complete this section) |
| **CONTACT DETAILS**  |  |  |
| Title |  |
| Given name(s) |  |
| Family name |  |
| Street no. and name |  |
| Suburb/Town |  |
| State or Territory |  | Postcode |  |
|  |  |  |  |
| ABN |  |  |
| ACN (if applicable) |  |  |
|  |  |  |  |
| Phone Number |  |  |  |
| Email |  |  |
|  | If you are not the sole owner, please provide the name/s of other owners, company directors/executives. |
|  |
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| **Declaration by new premises registration holder** | It is an offence to make a false or misleading statement, give false or misleading information or produce a false or misleading document (See *Criminal Code 2002* pt 3.4) |
| I declare that the details in this submission are true and correct. In signing this declaration, I accept that:1. The ACT Veterinary Practitioners Board may suspend or cancel and approval given for the veterinary premises if the approval was granted because of materially false or misleading representation or document, made either orally or in writing; and
2. The provision of false or misleading information to the ACT Veterinary Practitioners Board represents professional misconduct.
 |
|  |
| **Signature** |  | **Date** |  |
|  |  |  |  |

 |
| **PREMISES DETAILS** |
|  | Intended Business Name |  |
| Street no. and name |  |
| Suburb/Town |   | Postcode |  |
| State/Territory |  |
|  |  |
| Postal Address (if different to above) |  |
| Suburb/Town |  | Postcode |  |
| State/Territory |  |
|  |  |
| Email Address |  |
| Phone Number |  |  |
|  |  |  |  |
| **SUPERINTENDENT DETAILS** |
| Given name(s) |  |
| Family name |  |
| Registration No |  |  |
| State/Territory |  |
| Work Email Address\* |  |
| Personal Email Address |  |
| Signature |  | Date |  |

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