

**Application for Registration  
as a Veterinary Surgeon**

**Applicant Details** (Please Print)

Family Name: ..... Given Names: ..... Date of Birth: .. / .. / ..

Residential Address: ..... Suburb/Town: .....

State/Country: ..... Postcode: .....

Mobile Number: ..... Email: .....

Emergency Contact number:\*\* ..... Emergency Contact Email:\*\* .....

\*\*Emergency contact details means a telephone number and email address where you can be contacted by the government for the purpose of controlling, eradicating or preventing the spread of exotic or other diseases or declared pests.

**Details of qualifications held in veterinary science:**

Degree, Diploma or Certificate	School, College or University	Date Obtained
.....	.....	.. / .. / ..
.....	.....	.. / .. / ..

Are you currently enrolled or registered as a veterinary surgeon outside Queensland?  yes  no  
If yes, please give details.

Have you ever been removed from any register of veterinary surgeons either at your own request or otherwise?  yes  no  
If yes, please give details.

**Registration Details**

Registration required from: .. / .. / ..

Business Name and Address (for Publication – if not currently employed please enter n/a): .....

Nominate Postal Address (from required date of registration):

Residential address above  Business address above  Other: .....

**Information Privacy Notice (Information Privacy Act 2009)** The Veterinary Surgeons Board of Queensland is collecting the information on this form to enter in the Register of Veterinary Surgeons (and Specialists where applicable). The information is authorised by sections 16, 27 & 29C of the Veterinary Surgeons Act 1936. This information will only be accessed by authorised officers within the Board. Your information will not be disclosed to any other parties unless authorised or required by law.

**Declaration**

I declare that: - (a) I am the person named in this application;  
(b) the particulars set out in this application are true and correct; and  
(c) there are no matters of unprofessional conduct or criminal proceedings outstanding against me.

Signature of Applicant .....

**Witness\***

Signed before me at ..... on .. / .. / .. Signature .....

Occupation ..... Address .....

\* Witness must be a Justice of the Peace, a Public Notary or an Australian registered veterinarian.

**OFFICE USE ONLY**

ID  PAYMENT  QUALS  LOGS/REFS  Prov

Received: \$ ..... Date: .. / .. / ..  
Initials: .....  
Notes: ..... Cert No Issued: .....