

**Application for Registration
as a Veterinary Surgeon**

Veterinary Surgeons Act 1936

Applicant Details (Please Print)

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

Residential Address: Postcode:
(not for publication)

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 refused registration as a veterinary surgeon in Queensland or elsewhere? 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 Category: Primary Secondary

Registration required from / /

Business Name and Address (for Publication):

Nominate Postal Address (from required date of registration):

Residential address above Business address above Other

Declaration

I declare that: - (a) I am the person named in this application;
(b) I am the person named in the degrees, diplomas or certificates listed above; and
(c) the particulars set out in this application are true and correct.

Signature of Applicant

Witness

Signed before me at on / / Signature

Occupation Address

* Primary Registration – Majority of practise and reside in Qld
* Secondary Registration – Majority of practise and reside in another state/territory

Office Use Only

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