

**Application for Registration
as a Veterinary Surgeon
for a Limited Period
(Not Exceeding 30 Days)**

Applicant Details (Please Print)

Family Name: Given Names:

Postal Address: Postcode:

Period of Registration required from ____ / ____ / ____ to ____ / ____ / ____

Proposed Contact Address in Queensland for period of registration:

..... Postcode:

Telephone: Facsimile: Email:

Place of current registration as a veterinary surgeon. Show State/Territory: or New Zealand

Date Letter of Good Standing was requested from that place: ____ / ____ / ____

Declaration

I declare that - (a) I am the person named in this application; and
(b) the particulars set out in this application are true and correct.

Signature of Applicant

Witness

Signed before me at on ____ / ____ / ____ Signature

Occupation Address

Office Use Only

Received: \$ Date: ____ / ____ / ____

Initials:

Notes:

Cert No Issued: