

**Application for Registration
as a Veterinary Specialist**

Applicant Details (Please Print)

Family Name: Given Names:

Registration Number as Veterinary Surgeon in Queensland:

Business Address: Postcode:
(For Publication)

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

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Have you ever been refused registration as a veterinary specialist in Australia or elsewhere? yes no
If yes, please give details.

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Have you ever been removed from any register of veterinary surgeons or veterinary specialists? yes no
If yes, please give details.

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Branch of specialisation in which registration is sought

Branch	Specific to (species, organ system)

*Registration Category: Primary Secondary

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

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

Office Use Only

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