



# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

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## VETERINARY PRACTICE ACT 2003 PRESCRIBED BUSINESS INTERESTS

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*(Please ensure that all questions are answered and if not applicable, mark N/A)*

### 1. Interest holder

Full Name of Veterinary Surgeon: .....

Full Name of Relative (if holding the interest): .....

Relationship to Veterinary Surgeon (*please tick*):

Parent  Spouse or Putative Spouse  Child

Grandchild  Brother  Sister

Residential address of the person/s with the interest: .....

.....

Phone: ..... Fax: ..... Email: .....

### 2. Prescribed Business

Name of Prescribed Business: .....

Address of Prescribed Business: .....

.....

Phone: ..... Fax: ..... Email: .....

Nature of Prescribed Business (e.g. pharmaceutical product; hospital service):

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Nature of the interest held (e.g. owner, director in company, shareholder etc):

.....

If Shareholding – the number, nominal value and class of shares held, and voting rights:

.....

Dated the ..... day of ..... 20.....

Signature: .....

**Please note:** *If there is a change to any of the above information, you should advise the Registrar of the changes within one month.*