



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

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REFERENCE

Print clearly using blue ballpoint pen only

I,
of
.....

do solemnly and sincerely declare that I have known

.....
of
.....

for years and months,

and that in my opinion the abovenamed person of good fame and character and is suitable for registration as a
veterinary surgeon in accordance with the provisions of the *Veterinary Practice Act 2003 (SA)*.

Full Name:

Street Address:

Telephone No:

Occupation & Qualifications:

Signature: Date:.....

INSTRUCTION TO APPLICANT: You must include the *original* signed copy of this reference with your registration application. Do not provide a photocopy or scanned copy of this reference. Your registration application must be posted with all other required documents including this completed reference to: Veterinary Surgeons Board of South Australia, GPO Box 11020, Adelaide SA 5001