



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

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VETERINARY PRACTICE ACT 2003 PRESCRIBED BUSINESS INTERESTS

(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):

.....

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.*