

## Registration Renewal

### First and Final Notice - Registration renewal for 2018

**Your registration expires 31 December 2017.**

Payment is due by 31 January 2018. If payment is not received by this date, your name will be removed from the Register of Veterinary Surgeons (and Veterinary Specialists where applicable) and you will be required to re-apply for registration to practice veterinary science and pay a restoration fee.

### How to Complete this Form:

**Use this form to:**

Submit your renewal and pay any fees due for your Veterinary Surgeon or Veterinary Specialist registration.

**How to complete this form:**

Follow the instructions provided on the form. If you have trouble completing this form, please contact us:

Phone: (07) 30878777

Fax: (07) 3087 8144

Email: [vsbqld@daf.qld.gov.au](mailto:vsbqld@daf.qld.gov.au)

**Renewals can be completed online using either visa or mastercard:**

To renew on-line please refer to this link: <https://forms.business.gov.au/aba/qldgov7/veterinary-surgeons-board-of-queensland-registration-renewal/>

**Return completed form by post, or fax:**

**Mail: VETERINARY SURGEONS BOARD OF QUEENSLAND**

Department of Agriculture and Fisheries

GPO BOX 46

BRISBANE QLD 4001

**Fax:** (07) 3087 8144

(Do not post this form, if renewal has been faxed or completed online)

**Please complete ALL sections of this form. Incomplete forms will not be processed.**

**Contact Details: Have ANY of your details changed?** Yes  No

(ie. Name, Postal, Residential, Business, Email, Mobile, Emergency)

### Current Details:

Registration No.

Name

**Residential Address:** (Must be a street address.)

**Business/Work Address:** (If none write N/A.)

**Preferred Postal Address:** ( Please tick one)

Residential

Business:

Other

(eg. Post Office Box)

**Preferred Email and Mobile Contact:**

Email:

Mobile:

## Registration Renewal

### Emergency Contact Details – (If same as above write “As Above”)

*(Where you can be contacted for an emergency response in the event of a disease or pest outbreak)*

Phone

Email

This information is required under Section 27 of the Veterinary Surgeons Act for distribution of information about biosecurity emergencies as described under Section 29C of the Act.

**You must notify the Board within 21 days of any changes to your emergency contact details.**

### Registration Category

**Retired registration –** *(For retired category you must meet ALL the following criteria)*

- 55 years of age and over;
- No longer engaged in the practice of veterinary science;
- Reside in the Commonwealth of Australia; and
- Not deriving an income as a veterinarian

**Please select ONE registration category**

#### Veterinary Surgeon

- Primary registration payable \$176.95 (GST exempt)
- Retired registration payable \$57.70 (GST exempt)

#### Veterinary Specialist

Specialist Registration No.

- Primary registration payable \$353.90 (GST exempt) *(Veterinary Surgeon fee \$176.95 + Veterinary Specialist fee \$176.95)*
- Retired registration payable \$234.65 (GST exempt) *(Veterinary Surgeon fee \$57.70 + Veterinary Specialist fee \$176.95)*

#### State Public Sector Employee

Registration payable \$0.00

- I declare I am:
  - an officer of the Queensland State Public Sector; and
  - no added income is derived from the practice of Veterinary Science outside that employment.

Department of employment

#### I do not wish to renew my registration

If you do not intend to renew your Queensland Registration for 2018 and wish to avoid future fee penalty, you must sign and date this form. Your name will be removed from the register effective 1 January 2018.

- I declare I do not wish to renew my registration, please remove my name from the register.

## Registration Renewal

### Continuing Professional Development (CPD) Units

Please enter the CPD units accumulated in the calendar year.

Structured units

Unstructured units

### Main Area of Work

Please select ONE option that most accurately describes your main area of work.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> PPS - Private Practice Small Animals | <input type="checkbox"/> NCP - Not currently practicing      | <input type="checkbox"/> PI - Pharmaceutical Industry     |
| <input type="checkbox"/> PPL - Private Practice Large Animal  | <input type="checkbox"/> GOS - Government Officer - State    | <input type="checkbox"/> PS - Pathology Services          |
| <input type="checkbox"/> PPM - Private Practice Mixed         | <input type="checkbox"/> GOC - Government Officer - C/wealth | <input type="checkbox"/> OVP - Other Veterinarian Pursuit |
| <input type="checkbox"/> RET - Retired                        | <input type="checkbox"/> UNI - University                    | <input type="checkbox"/> OS - Overseas                    |

If Other Veterinarian Pursuit, please specify:

### Information Privacy Notice (*Information Privacy Act 2009*)

The Veterinary Surgeons Board of Queensland is collecting the information on this form to enter in the Register of Veterinary Surgeons (and Veterinary Specialists where applicable). The information is authorised by Section 16 of the *Veterinary Surgeons Act 1936*.

This information will only be accessed by authorised officers within the Board. Some information may be given to State and Commonwealth Government agencies for the purpose of animal health emergency response and preparedness. Your information will not be disclosed to any other parties unless authorised or required by law.

### Lodgement

I declare that:

- the information I have provided is accurate and I am eligible to register as a veterinary surgeon and/or specialist under the category I have selected, and
- I will pursue the work of my profession with diligence and promote the welfare of animals, and
- I will abide by the AVA Code of Professional Conduct, and
- I will maintain a standard of professional knowledge and expertise at a level that is accepted by my professional colleagues who are of good standing, and
- I will not practice veterinary science if I am aware that I am impaired from a physical or mental illness or disorder which detrimentally affects or is likely to affect my capacity to practice.

Signature

---

(Please sign and date)

Date

/ /

## Registration Renewal

### Return Payment with this Form

**Pay by credit card**

Card Type:  Visa  Mastercard

Card Number:

Expiry Date:   /

Cardholder's Name:

Cardholder's Signature:  Amount: \$

(Credit card payments cannot be accepted unless all details are complete and signature appears)

**Pay by cheque or money order**

Please mark as **'Not negotiable'** and payable to: **VETERINARY SURGEONS BOARD OF QUEENSLAND**

Attach cheque / money order to this form & return by mail

(Overseas Drafts cannot be accepted unless they are in Australian Dollars)

We will only send a receipt if you have requested one. Do you require a receipt?

**Yes**

**No**

Office Use Only:		
431002	8100148	SZ