



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

GPO BOX 11020
ADELAIDE SA 5001

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APPLICATION FOR REINSTATEMENT ON SPECIALIST REGISTER

Please ensure that all sections are completed *in blue ball point pen* and if not applicable, mark N/A.

Applicant Details

Full Name:

Date of Birth: ___ / ___ / ____ Gender: Male Female Unspecified

Residential Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Email:

Phone: (mobile preferred)

Place of Employment:

Business Address:

Suburb: State: Postcode:

General Register Details (tick boxes where applicable)

Are you currently registered as a veterinary surgeon in South Australia? Yes No

OR

Are you also applying for registration on the general register? Yes No
