

REFERENCE

Print clearly using blue ballpoint pen only
l,
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 fo registration as a veterinary surgeon in accordance with the provisions of the <i>Veterinary Practice Ac</i> 2003 (SA).
Full Name:
Street Address:
Telephone No:
Occupation & Qualifications:
Signature: Date:

INSTRUCTION TO APPLICANT: You must include this reference with your registration application. 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

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