



# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

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ADELAIDE SA 5001

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## FORM 10: VETERINARY SERVICES PROVIDER INFORMATION

### (a) Provider's Full Name and Business / Registered Entity Address:

Full Name of Provider:.....

ABN: .....

Business or Registered Address: .....

Suburb: ..... State: ..... Postcode: .....

### (b) Details of the premises at which the provider provides veterinary treatment:

Practice Name: .....

Practice Address: .....

Suburb: ..... State: ..... Postcode: .....

Phone: ..... Fax: .....

Email: ..... Web: .....

### (c) Full names and business addresses of the veterinary surgeons through the instrumentality of whom the provider is providing veterinary treatment. *Please attach a separate sheet if required:*

Full Name of Veterinary Surgeon: .....

Business Address: .....

Suburb: ..... State: ..... Postcode: .....

Email: ..... Phone: .....



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Full Name of Veterinary Surgeon: .....

Business Address: .....

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Suburb: ..... State: ..... Postcode: .....

Email: ..... Phone:.....

Full Name of Veterinary Surgeon: .....

Business Address: .....

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Suburb: ..... State: ..... Postcode: .....

Email: ..... Phone:.....

Full Name of Veterinary Surgeon: .....

Business Address: .....

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Suburb: ..... State: ..... Postcode: .....

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Suburb: ..... State: ..... Postcode: .....

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Full Name of Veterinary Surgeon: .....

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(d) If the provider is a trust or corporate entity, full names and addresses of all persons who occupy a position of authority in the trust or corporate entity.

Please note that a person occupies a position of authority if he/she is a director of the corporate body, or is in a position to exercise control over the affairs of the corporate body, or manages the business, or is a shareholder in the corporate body (if a proprietary company) or is a trustee or beneficiary of a trust (in the case of the body corporate being a trust). *Please attach a separate sheet if required:*

Full Name: .....

Business Address: .....

.....

Suburb: ..... State: ..... Postcode: .....

Email: ..... Phone:.....

Full Name: .....

Business Address: .....

.....

Suburb: ..... State: ..... Postcode: .....

Email: ..... Phone:.....

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EMAIL TO: [admin@vsb.sa.gov.au](mailto:admin@vsb.sa.gov.au)

OR

POST TO: GPO Box 11020  
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