



Change of (Registered) Name

Existing Details

Name

Registration No.

Existing Given Name(s)

Existing Family Name

New Details

New Given Name(s) *(if applicable)*

New Family Name *(if applicable)*

Reason for Change

Please tick one:

- Marriage
- Divorce
- Other

****Please attach a certified copy of documentation evidencing the change****

Postal Address* *(update if details have changed)*

Address

Please indicate which address is below: Residential / Business

Suburb/Town

State

Postcode

Home Telephone

Work Telephone

Mobile

Fax

Email

Declaration

I certify that the information provided on this form is true and correct, and that I am authorised to make this decision. I declare that I am the person named in the documents accompanying this application as set out in the "Reason for Change" section in this form.

Signature

Date

Mail to:

Veterinary Practitioners Registration Board of Victoria
Level 11, 470 Collins Street, Melbourne, Victoria, Australia 3000
Telephone: +613 9620 7444

Website: www.vetboard.vic.gov.au Email: communications@vetboard.vic.gov.au