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|  | **PRACTICE INFORMATION** | |
|  | **Question** | **Response** |
| 1. | Full name of applicant, including trading name if applicable |  |
| 2. | For new practices, please provide details of the veterinary experience of those involved in this business – or upload a copy of CVs or profiles to support application |  |
| 3. | How did you hear about VPIS? |  |
| 4. | Do you intend becoming an NZVA member and / or relevant Special Interest Branch member for access to relevant timely information and support for veterinarians? |  |

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|  | **COMMERCIAL ARRANGEMENTS** | | | | | | |
| **5** | **Service Delivery** | | | **Yes** | | **No** | |
| 5a. | Will you/ do you provide veterinary services from a physical address, i.e. a veterinary clinic? | | |  | |  | |
| 5b. | If yes, please provide details |  | | | | | |
| **6** | **Equipment – please confirm what equipment you have** | | **Yes** | | **No** | | **N/A** |
| 6a. | 1. X-ray machine | |  | |  | |  |
| 6b. | 1. Anaesthetic machine and monitoring system | |  | |  | |  |
| 6c. | 1. Ultrasound | |  | |  | |  |
| 6d. | 1. Blood testing equipment | |  | |  | |  |
| **7** | **Arrangements you have in place for the following situations. (if the situation does not apply, please state)** | | | | | | |
|  | **Situation** | **Arrangement in place** | | | | | |
| 7a. | Afterhours and holiday cover – provide contact details |  | | | | | |
| 7b. | Referral to another practice, if required – provide contact details |  | | | | | |
| 7c. | Storage of veterinary drugs (Refer to VCNZ COPC  [Code of Professional Conduct](https://www.vetcouncil.org.nz/Web/Web/2.Resources/Code_Of_Conduct.aspx?hkey=6d0b2be2-c08d-4cd6-8994-7cbad1c2fc95) and NZVA Policy [https://www.nzva.org.nz/resource/](https://nzva.org.nz/resource/professional-behaviour/professional-2/graduates/) |  | | | | | |

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| 8. | Is there anything else you would like to share with us to support our consideration of your application? |  |