**Application for Veterinary Practice Approval**

The following is an application form for a veterinary practice seeking approval to certify cats and dogs to Australia.

Completed applications to be sent as email attachments to AsureQuality Limited Export Administration:

Email: [exports@asurequality.com](mailto:exports@asurequality.com)

Ph: 0508 00 11 22

|  |  |
| --- | --- |
| Name of veterinary practice(s): |  |
| MPI Practice Approval number (where known): |  |
| Name of Practice Export Manager: |  |
| Veterinary practice address (physical): |  |
|  |  |
|  |  |
| Email address: |  |
| Phone number: |  |

Veterinarians to be approved for certification at this veterinary practice. Add further lines if necessary.

|  |  |
| --- | --- |
| **Name** | **Veterinary Council registration number** |
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Practice Export Manager (for the certification of cats and dogs to Australia) for the listed veterinary practice(s) declare that: | |
| 1. | The information supplied in this application is accurate. |
| 2. | I have read and understood the requirements of the *Operational Code*: *Cats and Dogs to Australia.* |
| 3. | There is an *Approved* *Practice Manual* that covers all requirements of the *Operational Code*: *Cats and Dogs to Australia*. |
| 4. | The above listed veterinarians have been trained and have successfully completed their online assessment. |
| 5. | I undertake to inform AsureQuality if any details provided on this form change. |
| 6. | All veterinary practices which are Approved for *Operational Code: Cats and Dogs to Australia*, are eligible to have the veterinary practices details listed on the MPI website. |
|  | If this application is successful, please place the details of the veterinary practice onto the MPI website. |
|  | Yes |
|  | No |
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|  |  |
|  | Documents attached: |
|  | Completed *Practice Manual* |
|  | Evidence of written authority for the Practice Export Manager to administer the *Operational Code* by the practice owner/director |
|  |  |
|  | Signature: |
|  | Date: |

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| **Service provider use only** |
| Recommendation for approval:  Yes  No |
| Signature: Date: |