



Request for changes to contact details on the Register of Veterinarians

Personal Details

Surname		
First names		
Date of Birth (to verify your identity)		VCNZ Registration Number

To notify changes of name please use the Change of Name form [here](#)

Current Contact Details	New Contact Details
Address	Address
Post Code	Post Code
Phone (business)	Phone (business)
Phone (home)	Phone (home)
Mobile	Mobile
email	email
Practice/Employer's name	Practice/Employer's name

Please include the location of your work if your employer/practice has more than one branch.
If you are not associated with a particular practice or employer, please use the descriptor consultant, locum, self employed, retired or not currently employed.

Public register and information sharing

We will publish your name, practice/employer name, qualifications, practising status, registration date and APC commencement date on our public register. The register will also show any details of any conditions on your practice or suspension, if applicable.

By completing this form, you are indicating that you consent to the above information being published. If you have any concerns about this, please contact us. For more information about how we handle personal information, see our policy [here](#).

If you request it, we will also publish your contact details. Do you consent to us publishing your business phone number and your email address on the public register and to us providing these to people who request them?

Yes No

Signed: _____ Date: _____

Please return this completed form, by mail, email or fax to:
Veterinary Council of New Zealand, PO Box 10-563, Wellington 6143
vet@vetcouncil.org.nz Fax +64 4 473 8869