



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
Fax	Fax
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 information

Your contact address, practice name, phone, fax and email details can only be included in the published online Register of Veterinarians if you agree.

Please tick either yes or no to all of these questions.

I agree to the following details being published in the online Register of Veterinarians:

Contact address	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone (home)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phone (bus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fax	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Practice name	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Signed: _____

Date: _____

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