|  |  |  |
| --- | --- | --- |
|  | **PERSONAL EXPERIENCE** | |
|  | **Question** | **Response** |
| 1. | Full name of applicant, including trading name if applicable |  |
| 2. | Years of experience providing veterinary services in New Zealand? |  |
| 3. | Describe your veterinary experience since date of registration – or please attach a CV or bio.  If you are a recent graduate, do you have a mentor? |  |
| 4. | Name of veterinary practice where you were previously employed or contracted to? |  |
| 4a. | How long were you employed or contracted there? |  |
| 4b. | What role(s) did you hold? |  |
| 5. | How did you hear about VPIS? |  |
| 6. | Will you be providing veterinary services, and invoicing, in your own name (e.g. Dr John Smith) or under a trading name? |  |
| 7. | Do you intend becoming an NZVA member and / or relevant Special Interest Branch member for access to relevant timely information and support for veterinarians? |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COMMERCIAL ARRANGEMENTS** | | | | | | |
| **8** | **Service Delivery** | | | **Yes** | | **No** | |
| 8a. | Will you/ do you provide veterinary services from a physical address, i.e. a veterinary clinic? | | |  | |  | |
| 8b. | If yes, please provide details |  | | | | | |
| **9** | **Home Euthanasia – only complete if you provide these services** | | | | | | |
| 9a. | List drugs you will be using for the home euthanasia |  | | | | | |
| 9b. | What support do you have for home euthanasia, e.g. access to a nurse? |  | | | | | |
| **10** | **Equipment – please confirm what equipment you have** | | **Yes** | | **No** | | **N/A** |
| 10a. | 1. X-ray machine | |  | |  | |  |
| 10b. | 1. Anaesthetic machine and monitoring system | |  | |  | |  |
| 10c. | 1. Ultrasound | |  | |  | |  |
| 10d. | 1. Blood testing equipment | |  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **11** | **Arrangements you have in place for the following situations. (if the situation does not apply, please state)** | |
|  | **Situation** | **Arrangement in place** |
| 11a. | Afterhours and holiday cover – provide contact details |  |
| 11b. | Referral to another practice – provide contact details |  |
| 11c. | 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/) |  |

|  |  |  |
| --- | --- | --- |
| 12. | Is there anything else you would like to share with us to support our consideration of your application? |  |