

# Veterinary Services

## Supplement 5



This form should be submitted as part of the Trade Waste Application. Please answer all questions about your business operations (or intended operations) to help us verify the appropriate waste treatment requirements and charges.

**Business trading name** \_\_\_\_\_

1. Will you be using X-ray equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please also complete Supplement 6
2. Will you be using a sterilising unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please describe _____ _____
3. Will plaster be used? (ie. for setting limbs)	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , show location of Plaster Trap or Settling Trap on your plans attached to this application
4. Do you intend to carry out animal grooming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you intend to keep animals on the premises overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No