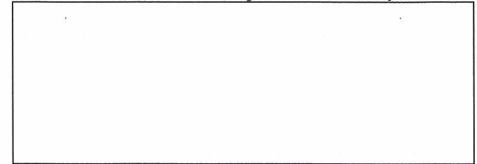


ASIC registered agent number \_\_\_\_\_  
**lodging party or agent name** Provet Holdings Limited  
 office, level, building name or PO Box no PO Box 391  
 street number and name \_\_\_\_\_  
 suburb/city Northgate state/territory Qld postcode 4013  
 telephone (07) 3261 6000  
 facsimile (07) 3621 6084  
 DX number \_\_\_\_\_ suburb/city Brisbane  
 Ref \_\_\_\_\_



ASS.  REQ-A   
 CASH.  REQ-P   
 PROC

Australian Securities & Investments Commission

form **1003**

**Disclosure notice for unlisted disclosing entity**

ASCOT 7053

(to be lodged as soon as practicable after the disclosing entity becomes aware of the information)

Corporations Act 2001  
 1001B(1)

**Disclosing entity**

Please complete A, B or C.

**A a company**

name Provet Holdings Limited  
 A.C.N. 092 593 774

**B a body (other than a company)**

name \_\_\_\_\_  
 A.R.B.N. \_\_\_\_\_

**C a prescribed interest undertaking**

name \_\_\_\_\_  
 ASIC prescribed interest number \_\_\_\_\_

**Details of information**

date that the disclosing entity became aware of the information 10<sup>th</sup> September 2009

**full information** (if insufficient space please use an annexure)

The board has declared a final 2009 dividend of 21.5 cents (fully franked) per ordinary share held by each shareholder, registered as such on the record date determined to be 5.00pm AEST, 25<sup>th</sup> September 2009. The final dividend is expected to be paid on the 10<sup>th</sup> November 2009.

The Dividend Reinvestment Plan (DRP) conversion price for this dividend has been set at \$5.00. This represents a discount of 16.7% to the assessed market price of \$6.00 calculated based on the stated formula within the plan. Any DRP application or variation forms need to be submitted to our registry Link Market Services by the 5.00pm AEST, 25<sup>th</sup> September 2009 record date.

**Declaration**

- I verify that the attached document marked ( ) is the original document.
- I certify that the attached document marked ( ) is a true copy of the original document.

**Signature**

This form is to be signed by:

if a company or a body a director or secretary or the equivalent  
 if a prescribed interest undertaking a director or secretary of the management company or trustee company acting in that capacity

name of management \_\_\_\_\_  
 or trustee company \_\_\_\_\_

ACN or ARBN \_\_\_\_\_

name of person signing (print) \_\_\_\_\_

Chris Lowndes

capacity Company Secretary

sign here

date 11 / 9 / 09

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

**Include**

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

**DISCLOSURE NOTICE**