If all requirements for the application are not met and/or included with the application then the application will not be processed, but will be returned and be regarded as invalid. This form was prepared for easy reference to the requirements for application. The form must be completed and it must be ensured that all relevant documents are included with the application.

Send to: All SPCA branches: The Manager: NSPCA, P O Box 1320, Alberton, 1450 Fax: (011) 907 4013

All other Animal Welfare Organisations: The Registrar, SAVC, P O Box 40510, Arcadia, 0007 Fax: (012) 342 4354 Email: authorise@savc.org.za	
Number of Pages:	
AWA /APPLICANT NAME:	
ANIMAL WELFARE ORG. MANAGER:	
Name of Registered Facility of supervising / directing veterinarian:	
Registration number of facility:	
Name of veterinarian who performed assessment:	YES
1. The AWO is a non profit organisation with a fund raising number NUMBER:	
2. The AWO constitution is included N/A if SPCA or already submitted to the SAVC	
3. Confirm that the AWA is still working under the veterinarian: Name	
4. SAVC approved assessment of the AWA's competence Written confirmation by the supervising veterinarian that a re-assessment is not required and/or if the Council does not deem it necessary the requirement can be waived (Refer to Guideline A Document)	
5. Proof of payment of the assessment fee Written confirmation by the supervising veterinarian that a re-assessment is not required and/or if the Council does not deem it necessary the requirement can be waived	
6. Payment of the authorisation fee determined by the SAVC (payment and completion of the application form must be made after the application for authorisation is approved by Council)	
7. List of scheduled medicines that will be used and reasons for use is attached. (Refer to the Guideline for the use of Medicines) 8. Letter (Form C) from the supervising / directing veterinarian is attached.	
9. Signed:	
Manager:	
Supervising / directing veterinarian:	
Date:	