

Application Form to register a Veterinary Facility from which a clinical service is rendered

IMPORTANT NOTICE:

To ensure that your facility complies with the minimum standards for facilities it is recommended that you do a self-evaluation of your clinical facility prior to completion of the application form to register your facility with Council.

To enable you to do a self evaluation it is recommended that you complete the evaluation form for facilities. Kindly refer to the rules relating to minimum standards for facilities when you do the self-evaluation.

In the event that your facility does not comply with the rules relating to the minimum standards for facilities you are required to apply for exemption from compliance with the rules in terms of Rule 40 of the rules for veterinarians.

The application for registration of your facility should be accompanied by an application for exemption from the rules that your facility does not comply with together with input obtained from private practitioners in your area indicating whether or not they support your application for exemption.

The following criteria are used when applications for exemption are considered:

- A clear need for the veterinary service and the community that the applicant intends to serve must be shown;
- Input from other private practitioners servicing the area must be obtained and considered;
- Exemption will be limited to a period of time, alternatively to areas where no other veterinary services exist until such time that another practitioner delivers veterinary services in the that area;
- The welfare of the patient and the quality of veterinary services should not be compromised; and
- Exemptions will be limited to equipment /structural requirements that cannot be complied with.

PLEASE NOTE:

Any dishonesty in the completion of this form is considered a serious offence.

APPLICATION FOR REGISTRATION OF A VETERINARY FACILITY

[HOSPITAL / ANIMAL CLINIC / CONSULTING ROOM /CENTRE]

I, (full name) _____

Registration No. _____.

as principal on behalf of my/our practice, in terms of the Rules relating to the Practising of Veterinary Professions made by the South African Veterinary Council, (refer Part I-X of the rules), hereby apply:

A. In terms of Rule 4(5) for the **registration** of a

- Hospital/Clinic;
- Consulting Room;
- Mobile Animal Service

(DELETE WHICHEVER IS NOT APPLICABLE)

Physical Address of Facility:

(In the case of a mobile animal service – furnish FULL details of the registered facility that the mobile service is attached or affiliated to – see rule 29(4) – NAME and PHYSICAL ADDRESS and **ATTACH** confirmation by the Principal of the registered facility)

Postal Address of Facility:

Telephone Numbers:

During office hours: _____ Fax: _____

Cell: _____ E –mail: _____

B In terms of rule 19(4) for the **identification** of the facility as follows:

Proposed Name of the Facility

Veterinary Consulting Room/ Animal Consulting Room/ Veterinary Clinic/ Animal Clinic/
Veterinary Hospital/ Animal Hospital/ Veterinary Centre/ Animal Centre/ Veterinary Mobile
Service/ Animal Mobile Service

(DELETE WHICHEVER IS NOT APPLICABLE)

First Choice: _____

Second Choice: _____

I declare that: -

1. (a) the abovementioned facility for which I apply for registration has been run by myself/our practice since _____(date).

(b) the abovementioned facility for which I apply for registration is to be ready for inspection by a member of Council, should this be deemed necessary by the _____(date) and will be opened on the _____(date).
2. As far as I am aware the name is not being used by any other practice and **is not of such a nature that it can be confused with other names, which are in use.**
3. (a) Is this a change of ownership including the current movables (all equipment)
Yes _____ No _____; OR

(b) If the goodwill was purchased excluding current equipment then the application is regarded as a new application.
New application Yes _____ No _____
4. (a) The physical facility **complies** with the **minimum standards** laid down by the SAVC in the abovementioned rules; OR

(b) I have applied for the exemption from the minimum requirements of rule 40 which application is **attached** hereto.
5. Should the physical facility, once registered, not comply, for a period exceeding 30 (thirty) days, I shall inform the SAVC thereof by registered post and within 30 (thirty) days of the occurrence.
6. Should I retire from the practice or should the facility close or change ownership, I shall inform the SAVC there of by registered post within 30 days of such an event.
7. I accept that the SAVC through an authorised person has the right to inspect my/our facility at any reasonable time.

I accept that the SAVC may at its discretion, but on condition that I am informed of the reasons, decide not to register this facility or withdraw the registration or suspend the registration thereof.

SIGNATURE

DATE

THUS SIGNED AND SWORN TO BEFORE ME AT _____ THIS THE ____ DAY OF _____ 200 __, THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE* KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, THAT HE/SHE* HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT HE/SHE* CONSIDERS THE PRESCRIBED OATH/SOLEMN AFFIRMATION* TO BE BINDING ON HIS/HER* CONSCIENCE, AS REQUIRED BY GOVERNMENT GAZETTE NOS. R1258 OF 21 JULY 1972 AND R1648 OF 19 AUGUST 1977.

COMMISSIONER OF OATHS

FULL NAME AND SURNAME OF COMMISSIONER (IN BLOCK LETTERS)

BUSINESS ADDRESS OF COMMISSIONER

DESIGNATION

AREA

NB: Please note that the onus to ascertain that the name applied for is not in conflict with the name of an existing established practice rests with the applicant. FOR OFFICE USE ONLY

1. Date of Registration: _____

2. Date of Approval of Name: _____

3. Date of Inspection of Facility: _____

4. Name of Person who Inspected Facility: _____