

# SOUTH AFRICAN VETERINARY COUNCIL

## APPLICATION FOR REGISTRATION TO PRACTISE A VETERINARY OCCUPATION

Physical Address: 874 Church Street, Lisdogan Park, Arcadia, 0083      Postal Address: P O Box 40510, Arcadia, 0007  
 Tel: +27 (0)12 342 1612      Fax: +27 (0) 12 342 4354      E-mail: registration@savc.org.za      Website: www.savc.org.za

**PLEASE NOTE:** A certified copy of the degree certificate, diploma or other certificate must accompany the application form together with the applicable monies. Cheques, postal orders or money orders must be crossed and made out to the South African Veterinary Council or alternatively be paid into our bank account (ABSA Hatfield Branch, Acc. No. 020166762, Branch Code 335 545). **Please complete this form in block letters.**

**THIS FORM IS TO BE SUBMITTED PER SURFACE MAIL A FAXED COPY IS NOT ACCEPTABLE**

1. **Type of registration required (Please mark applicable block with X):**  
 Please note that the fees listed apply for the period 1 April 2009 to 31 March 2010.

to practise as a VETERINARIAN	R 400.00
to practise as a VETERINARY SPECIALIST	R 1 250.00
Re-Registration of a person previously removed from the register (Veterinarian)	R 3 588.00
Inscription of another qualification into the register (per qualification)	R 118.00
to practise as a <b>VETERINARY PROFESSIONAL COMPETENCE SPECIFIC REGISTRATION</b>	R1 258.00

2. If application refers to COMPETENCE SPECIFIC REGISTRATION state:  
 Area of competence: \_\_\_\_\_  
 Specific scope of practice: \_\_\_\_\_  
 Specific employer: \_\_\_\_\_

3. If application refers to veterinary specialist, state speciality: \_\_\_\_\_

4. Surname: \_\_\_\_\_

5. I.D. No. and Date of Birth \_\_\_\_\_

6. First Names: \_\_\_\_\_

7. Addresses:

POSTAL	RESIDENTIAL	EMPLOYER	EMPLOYMENT SECTOR
Code: _____	Code: _____	Code: _____	Code: _____

8. Tel: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home)  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

9. Post matric educational qualifications obtained (excluding post-graduate qualifications) **and certified copies attached:**

Degree / Diploma / Certificate	Name of University / Training Centre	Date Obtained

10. Post-graduate qualifications obtained **and certified copies attached:**

Degree / Diploma / Certificate	Name of University / Training Centre	Date Obtained

11. Money Enclosed: R \_\_\_\_\_ If paid into bank account, attach electronic transfer page or deposit slip. **Please use your Surname, Initials and reason for payment at the time of making the payment.**

***“Have you been prosecuted / convicted of a criminal offence or been dismissed from employment.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so furnish the particulars”***

I declare that the above information is true and correct and that I have never been discharged from a position of trust because of improper conduct and that I have never been convicted of blackmail, bribery, theft, fraud, forgery or the uttering of a forged document or perjury and been sentenced to imprisonment without the option of a fine.

ANY DISHONESTY IN THE COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY:** \_\_\_\_\_