

**APPLICATION FOR TRANSFER OR AMENDMENT
OF THE REGISTRATION OF A VETERINARY FACILITY**

(WHERE THE PHYSICAL ADDRESS HAS NOT BEEN CHANGED)

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

I, (full name) _____

Registration No. _____

- in my capacity as:
- Principal
 - Managing Member of a Close Corporation

REQUEST:

A. TRANSFER OF REGISTRATION:

Current name of the facility: _____

Registration number: _____

- Hospital/Clinic;
- Consulting Room;

Physical Address of Facility:

Postal Address of Facility:

Telephone Numbers:

During office hours: _____ Fax: _____

Cell: _____ E-mail: _____

FROM: Name of Previous Principal/Owner: _____

Registration No (if known): _____

Attached letter of transfer from previous principal:

Yes No

AND/OR:

B: AMENDMENT OF REGISTRATION

UPGRADE from Consulting Room to Clinic/Hospital OR

DOWNGRADE from Clinic/ Hospital

(MARK WHICHEVER IS APPLICABLE)

DECLARATION

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.**

Yes No

(COMPLETE NEW APPLICATION FOR REGISTRATION FORM PLEASE)

- 4. (a) The physical facility **complies** with the **minimum standards** laid down by the SAVC in the abovementioned rules;
- 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.
- 8. 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

THIS SIGNED AND SWORN TO BEFORE ME AT _____ THIS THE _____ DAY OF _____ 20 _____, 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

FOR OFFICE USE ONLY

1. Date of Transfer/ Amendment _____
2. Date of Inspection of Facility: _____
3. Name of Person who Inspected Facility: _____