

**SOUTH AFRICAN VETERINARY COUNCIL**  
**APPLICATION FOR AUTHORISATION TO PRACTISE A VETERINARY OR PARA-VETERINARY**  
**PROFESSION IN TERMS OF SECTION 23(1)(C)**

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: [authorise@savc.org.za](mailto:authorise@savc.org.za)      Website: [www.savc.org.za](http://www.savc.org.za)

**PLEASE NOTE:** No copies of this application need be submitted, but a certified copy of the degree certificate or diploma or other certificate and documentation as required in the policy document must accompany it, as well as the applicable monies. Cheques, postal orders or money-orders must be crossed and made out to the South African Veterinary Council. Please complete this form in block letters and return with a declaration by your employer. **SAVC ABSA Bank, Hatfield, cheque acc no: 020166762, branch code: 335 545**

1. Type of authorisation required (Please mark applicable block with X):

<input type="checkbox"/>	<b>To render services performed by a VETERINARIAN</b> Under special conditions (time period & employment stipulated by Council)	R 1 338.00
<input type="checkbox"/>	<b>To render services performed by a PARA-VETERINARIAN</b> Under special conditions (time period & employment stipulated by Council)	R 537.00
<input type="checkbox"/>	<b>To render services as an ANIMAL WELFARE ASSISTANT</b>	R 537.00
<input type="checkbox"/>	<b>To render services as a LAY-PERSON under special conditions</b> Doing a Veterinary Procedure	R 1 338.00
<input type="checkbox"/>	Doing a Para-veterinary Procedure	R 537.00

2. Surname: \_\_\_\_\_

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

4. First Names: \_\_\_\_\_

5. Addresses: \_\_\_\_\_

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

6. Tel: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home)

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Post matric educational qualifications obtained (excluding post-graduate qualifications):

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

8. Post-graduate qualifications obtained:

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

9. 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 COMPLETION OF THIS FORM WILL BE CONSIDERED A SERIOUS OFFENCE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_