Applying for registering a Veterinary Facility from where a clinical service is rendered

PLEASE TAKE NOTE

1. For a veterinary facility to be registered with the SAVC, it must comply with set minimum standards. These standards are described in Rules 23 - 33 of the rules relating to the practising of veterinary professions.

2. To assist you in ensuring that your facility complies with these minimum standards, it is recommended that you do a self-evaluation of the facility prior to applying for registration.
   a. Please complete the Evaluation form for facilities, and
   b. refer to the Minimum standards required for registration of facilities (Rules 23 – 33) during this self-evaluation.

3. In the event that your facility does not meet the standards as described, in terms of Rule 40 you may apply for exemption from compliance with the rules. If applicable, you must:
   a. Complete the Application for exemption from the rules form
      i. Submit input obtained from private practitioners in your area, indicating whether or not they support your application for exemption.
      ii. Criteria are used when applications for exemption to the rules 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/Herd Health Practice)

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: (DELETE WHICHEVER IS NOT APPLICABLE)

- Hospital/Clinic;
- Consulting Room;
- Herd Health Practice

Physical Address of 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

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).
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.

2. (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________________________

3. (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.

4. 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.

5. Should I retire from the practice or should the facility close or change ownership, I shall inform the SAVC thereof by registered post within 30 days of such an event.

6. 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________________________


___________________________________
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:__________________________________________