It is hereby made known for general information that:

(a) The South African Veterinary Council has under section 30(1) of the Veterinary and Para-Veterinary Professions Act, 1982 (Act No.19 of 1982) withdrawn the rules relating to the practising of veterinary professions, as published in Government Gazette number 8402, GNR.189, on 1 October 1982, as amended from time to time;

(b) The Minister of Agriculture, Forestry and Fisheries, has under section 30(3) of the said Act approved the withdrawal of the said rules;

(c) The South African Veterinary Council has under section 30(1) of the Veterinary and Para-Veterinary Professions Act, 1982 (Act No.19 of 1982) to substitute the rules relating to the practising of veterinary professions referred to in (a) above, with the rules relating to the practising of veterinary professions as set out in the Schedule hereto;

(d) The Minister of Agriculture, Forestry and Fisheries, has under section 30(3) of the said Act approved the said substitution of the rules; and

(e) The said substitution shall come into operation on the date of publication.

L. HAVININGA
Registrar: South African Veterinary Council
SCHEDULE

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1. Definitions

Unless the context otherwise indicates, words and phrases in these Rules shall have the meaning assigned thereto in the Act, and-

“Act” means the Veterinary and Para-Veterinary Professions Act, 1982, Act No.19 of 1982 as amended, and the regulations made there under;

“animal” means any living organism, except humans, having sensation and the power of voluntary movement and requiring oxygen and organic nutrients for its existence;

“animal transport vehicle” means a vehicle equipped to safely transport animals;

“authorised person” means a person authorised in terms of the Act, Section 23(1)(c);

“autogenous vaccine” means a non-registered veterinary vaccine prepared from biological material or cultures derived from a lesion or disease of an animal or animals and intended for use in the flock or farm where the material was procured;

“client” means a person who uses the professional services of a veterinarian or para-veterinary professional;

“client consent” means consent given by the owner of the patient subsequent to the veterinary professional informing the owner in a manner understood by a reasonable person of the following:

(i) the presumptive diagnosis; and

(ii) the available treatment options and expected prognosis;

(iii) an estimate of the expected fees for the rendering of the service chosen by the client;

“complaint” means a complaint, charge or allegation of unprofessional, improper or disgraceful conduct against a respondent;

“complementary, alternative and integrative medicine” means a heterogeneous group of non-mainstream preventive, diagnostic, and therapeutic philosophies and practices. Complementary medicine is used together with conventional medicine, whilst alternative medicine is used in place of conventional medicine. Integrative medicine involves bringing conventional and complementary approaches together in a coordinated way;

“compounding” means to prepare, mix, combine, package, and/or label a non-registered medicine(s), or to mix or combine a registered medicine with a non-registered medicine for dispensing as a result of a prescription for an individual patient, as defined by Rule 1, by a pharmacist or a veterinarian authorised in terms of the Medicines Act.. Compounded medicines are not intended as a replacement for a registered medicine or stock remedy, or for the treatment of a patient for more than 30 consecutive days from the date of compounding. The latter however does not preclude a veterinarian from continuing treatment for a period longer than 30 days, provided that a new batch of medicine is
compounded for the patient in question every 30 days, except if the stability of said compounded product has been proven by accepted stability trials;

“consultancy” means an interaction between a veterinarian and an owner, farmer, client or group of clients where animals may be examined away from a registered physical facility; treatment protocols drawn up, medicines prescribed and/or provided and professional advice given regarding an ongoing health, production concern/entity or animal behaviour;

“consultation” means an interaction between a veterinarian and an owner in accordance with the ‘veterinarian-client-patient relationship’ concerning an animal patient, where the patient is examined or assessed for a fee;

“consulting room” means a veterinary facility that complies with all the general requirements set out in Rules 18, 19, 20, 21 & 22;

“Council” means the South African Veterinary Council;

“extra-label use” means the use of a medicine registered under either the Medicines Act or the Stock Remedy Act in an animal in a manner that is not in accordance with the approved labelling or package insert. This includes, but is not limited to, re-formulation for ease of administration, use in species not listed in the labelling, use for indications (disease and other conditions) not listed in the labelling, use at dosage levels, frequencies, or routes of administration other than those stated in the labelling;”

“food-producing animal” is an animal that is fed, bred, kept or utilised for the production of food for human consumption, including an animal that is not used for human consumption, but which animal belongs to a species that is normally used for human consumption in the community;

“house or farm call” means when a veterinary professional leaves his/her physically registered base practice to render a professional service to his/her clients in a vehicle suitably equipped for that type of practice;

“impairment” means such a level of physical or mental impairment, which includes substance abuse or addiction, that may affect the practice of veterinary science to such an extent that the welfare of the patients, the interest of a client and/or the image of the profession may be compromised;

“inquiry body” means an ad hoc committee of the Council acting under powers delegated to it by the Council in terms of section 12 of the Act to preside at inquiries;

“invasive surgery” means surgery that is performed intra-abdominally, intra-cranially, intra-thoracically, musculo-skeletally or of the cardio-vascular system;

“investigation committee” means a committee appointed by Council in terms of Section 12 of the Veterinary Act to evaluate and screen complaints against professionals;

“Medicines Act” means the Medicines and Related Substances Control Act, 1965, Act No.101 of 1965;
“medicine” means a medicine or veterinary medicine as defined in section 1 of the Medicines Act.;

“mobile animal service” means a veterinary practice facility, which is registered with the Council in the name of the principal of the base veterinary facility from which it operates;

“mobile theatre” means a vehicle or trailer, which could consist of either a self-propelled facility or be mounted on a base which is transported to a site, and which is appropriately equipped to perform sterilisations and other surgical procedures in a controlled environment to indigent or isolated communities;

“non-practising facility” means a facility where no veterinary services will be rendered or medicines sold for direct or indirect gain. The veterinarian does not practice, but requires access to medicines regulated under the Medicines Act for use solely on his/her own animals;

“off-site storage of records” means the keeping of copies of all records saved in electronic format on disc or similar storage device, in another location, as well as keeping such records in cloud storage devices (where data is maintained, managed and backed up remotely and made available to users over the Internet);

“OIE guidelines” mean directives or guidelines by the World Organisation for Animal Health regarding the control of animal diseases;

“over-servicing” means the supply, provision, administration, use or prescription of any treatment or care (including diagnostic and other testing, medicines and devices) which is medically or clinically not indicated, unnecessary or inappropriate under the circumstances or which is not in accordance with current acceptable treatment protocols and procedures by the reasonable veterinarian, with due regard to the health and welfare interest of the patient;

“owner” means any person over the legal age having the possession, charge, custody or control of an animal for which veterinary services are rendered, or the owner’s representative;

“patient” means an individual animal or group of animals as a unit examined and/or treated, operated or consulted on by a veterinary professional in accordance with a ‘veterinarian-client-patient’ relationship;

“principal” means the veterinary professional in whose name the veterinary facility is registered and who takes responsibility for minimum standards of the facility, or his/her appointed agent who must be a registered veterinary professional;

“production animal” means an animal whose products are used by humans and/or which may enter the food chain for consumption;

“production animal herd health facility” means a base facility where no clinical work is done and where the primary service is rendered essentially from an equipped vehicle to ruminant livestock, wildlife, poultry, pig or aquatic production units;
“products” means animal related products;

“registered facility” means a veterinary facility which complies with the minimum standards as applicable to the category of service rendered there, and is registered with Council;

“registered person” means a person registered in terms of the Act;

“regulations” means the regulations promulgated in terms of the Act;

“research animal facility” means any facility or area where animals may be used, maintained or bred for scientific purposes, including for research, testing, teaching, validation, production or observation;

“respondent” means a person registered or authorised in terms of the Act against whom a complaint, charge or allegation of unprofessional, improper or disgraceful conduct has been lodged;

“Rules” means the Rules promulgated in terms of Section 30 of the Act;

“sale” means selling by wholesale or retail means, and includes import, offer, advertise, keep, expose, transmit, consign, keep for sale or authorise, direct or allow a sale or possess for purposes of sale, and barter for exchange or supply or dispose of to any person whether for a consideration or otherwise; and sell and sold have corresponding meanings;

“scope of practice” means the scope of work which a veterinary professional or para-veterinary professional may perform by law or chooses to restrict himself/herself to, and defines the minimum standards of the facility that will be registered for that purpose;

“Stock Remedy Act” means the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act 1947, Act No. 36 of 1947, or any relevant Act it may be substituted with;

“stock remedy” means a substance intended or offered to be used in domestic animals, livestock, poultry, fish or wild animals (including wild birds), for the diagnosis, prevention, treatment or cure of any disease, infection or other pathological condition, or for the maintenance or improvement of health, growth, production or working capacity, but excluding any substance in so far as it is controlled under the Medicines Act;

“supervision” means, unless otherwise indicated:

“direct supervision” means that a registered veterinary professional is readily available on the premises where the patient is being treated or other professional services are being rendered, and who assumes responsibility for the veterinary care given to the patient or services rendered by a person working under his/her direction;

“indirect supervision" means a registered veterinary professional need not be on the premises where an animal is being treated or other professional services are being rendered, that he/she has given either written or verbal instructions for, but that s/he is readily available by telephone or other form of communication and assumes
responsibility for the veterinary care given to the patient or services rendered by a person working under his/her direction;

“unprofessional conduct” means unprofessional, dishonourable or unworthy conduct on the part of a veterinary professional including, inter alia, the following acts and omissions:

(i) failure to comply with the Act, the regulations and/or Rules promulgated under the said Act, and/or the Code of Conduct and/or guidelines issued by Council from time to time;

(ii) a contravention of the provisions of the Act and/or the regulations promulgated under it;

(iii) a contravention of the provisions of the Stock Remedies Act and/or the regulations promulgated under it;

(iv) failure to comply with any other relevant legislation;

(v) issuing any certificate which is not in compliance with the relevant Rules;

(vi) without reasonable cause or excuse, failing to perform professional work, or work of a kind commonly performed by a registered veterinary professional, with such a degree of skill, care or attention, or of such a quality or standard, as in the opinion of the Council may be expected of the reasonable veterinarian or specialist, as the case may be;

(vii) neglecting to give proper attention to his/her clients and/or patients or in any way failing to attend to patient welfare while under the veterinarian’s care without valid reason;

(viii) performing professional services outside the scope of his/her education, training and/or experience, regard being had to both the extent and limits of his/her professional expertise;

(ix) failure to provide follow-up care and/or advice as required in terms of the veterinarian-client-patient relationship;

(x) the dispensing, distribution, manufacturing, prescription or administration of any prescription medicine, or compounded vaccine or medicine, or any one or more medicines in combination, or the extra-label use of a medicine, in the absence of a ‘veterinarian-client-patient’ relationship;

(xi) failing to adequately supervise his/her staff;

(xii) failure to provide an itemised account when requested to, within the period set out in Rule 9(3);
(xiii) treating a client in a disrespectful and/or discourteous manner, unless justifiable reasons exist;

(xiv) over-servicing a patient;

(xv) incompetence, gross negligence or any form of negligence in the practising of the veterinary profession;

(xvi) the inability to practise with reasonable skill and safety due to a physical and/or mental disability, including deterioration of mental capacity, loss of motor skills, or substance abuse to a sufficient degree to diminish the person’s ability to render competent patient care and welfare;

(xvii) fraud or dishonesty in making any kind of application to Council or the reporting of any test for disease in an animal or in charging for a test that was not performed or services not rendered;

(xviii) in any way directly or indirectly assisting, allowing or enabling an unqualified person and/or unregistered person to perform professional work which by law only a veterinarian and/or a para-veterinary professional is allowed to perform;

(xix) referring work, the performance of which is reserved by law to a veterinarian, specialist veterinarian or para-veterinary professional to a person not registered with Council;

(xx) non-payment after demand of any fee, levy or other charge payable to the Council;

(xxi) failure to comply with an order, requirement, request, sentence or sanction of the Council and/ or the Registrar or any official appointed by the Council or the Registrar to perform any function in furtherance of the Council’s objectives;

(xxii) failure to submit to an inspection of a veterinary facility required by Council;

(xxiii) failure to provide any records required to be kept in terms of the Medicines Act;

(xxiv) practising from a facility which is not registered or does not comply with the minimum standards set out in the Rules;

(xxv) practising outside the scope of registration for a registered facility, unless justifiable reasons exist;

(xxvi) being convicted of being involved in any criminal or illegal activity, if it relates to the practising of the veterinary professions or is deemed to bring the profession into disrepute;
(xxvii) to permit himself/herself to be exploited in a manner which may be detrimental to the patient, client, the public or the profession, or allow bias, conflict of interest or influence of others, to compromise professional judgment; and

(xxviii) any other conduct which in the opinion of Council constitutes unprofessional conduct.

“veterinarian-client-patient relationship” means the following:

(i) the veterinary professional has assumed the responsibility for making professional judgments and/or treatment regimes regarding the health of a patient or improvement in the production of the animal or animals, at the request of the client;

(ii) the veterinary professional has sufficient personal knowledge to initiate at least a general or preliminary assessment of the condition of the patient by virtue of a consultation with the client; and

(iii) clinical records are maintained.

“veterinary hospital/clinic means a veterinary facility where veterinary services are available at selected times and wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalised animals are provided;

“veterinary laboratory” means a facility which has the specific purpose of diagnostic and/or research testing, any mobile service unit linked to the permanent facility, and in-house laboratories that form part of a veterinary facility where the service is not only rendered for the facility’s own requirements;

“veterinary medicine” means any substance or mixture of substances, other than a stock remedy or farm feed to be registered in terms of the Stock Remedies Act, used or purporting to be suitable for use or manufactured or sold for use in connection with vertebrates, for the treatment, diagnosis, prevention or cure of any disease, infection or other pathological condition, or for the maintenance or improvement of health, growth, production or working capacity, or for curing, correcting or modifying any somatic or organic function, or for correcting or modifying behaviour;

"veterinary professional" means a person registered to practise the veterinary profession as a veterinarian or veterinary specialist;

“veterinary shop” means a facility registered with Council and identified as a veterinary shop, owned solely by a registered veterinarian who sells veterinary products and animal related products, including pharmaceutical products, including but not limited to ‘veterinarian only’ products for which the manufacturer has limited the sale to veterinary professionals, to the public, excluding medicines in terms of the Medicines Act registered as schedule 1 and higher;
“veterinary vaccine” means a biological veterinary medicine derived from biological agent(s) used for the prevention of a disease in an animal or group of animals and/or the prevention of the spread of disease to the general animal population; and

“wildlife” means all non-domesticated species of animals, whether free-living or kept in captivity.

SERVICES PERTAINING SPECIALLY TO THE VETERINARY PROFESSION

2. General Services

(1) For the purposes of the Act the following shall be deemed to be services which pertain specifically to the veterinary profession, which only a registered veterinary professional may render:

(a) the diagnosis, prescribing treatment, advising on measures for the prevention of, or advice on a disease, physiological or pathological condition in an animal;

(b) chemical restraint of an animal, which includes general, standing, and/or regional anaesthesia, chemical immobilisation or sedation;

(c) any dental, medical or surgical procedure on an animal;

(d) the prescribing or dispensing of medicine or the administration of a diagnostic substance to an animal;

(e) the use of any veterinary device or apparatus on an animal, that is limited to use on an animal that is either sedated or anaesthetised, or that poses a risk to the public or is used specially in the provision of veterinary procedures;

(f) use of alternative, and integrative therapies on an animal;

(g) use of any procedure for reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility or infertility; or

(h) determination and certification of the identity, health, fitness or soundness of an animal.

3. Exception in respect of Rule 2:

(1) The provisions of Rule 2(1)(g) shall not be construed so as to prohibit the procedures allowed in terms of the Animal Improvement Act, Act 62 of 1998, provided that all requirements of the said Act are met;

(2) The provisions of Rule 2(1)(c) & 2(1)(f) shall not be construed so as to prohibit the procedures allowed in terms of a para-veterinary professional’s registration and scope of practice under the Act.
CONDUCT OF PERSONS PRACTISING VETERINARY PROFESSIONS

4. General principles

(1) A veterinary professional must base his/her personal and professional conduct thereon that he/she is a member of a learned and honourable profession and is required to act at all times in such a manner as will maintain and promote the prestige, honour, dignity and interests of the profession and of the persons by whom it is practised.

(2) All persons practising veterinary professions are working towards the same common good cause, whether they are in private practice or in the service of an employer, and they must co-operate with each other and with the authorities concerned to promote that cause.

(3) As a professional a veterinarian is required to comply with the following fundamental principles:

(a) Integrity: To be honest and ethical.

(b) Professional Competence:

(i) To maintain the professional knowledge and skill required to ensure that a client receives competent professional services based on current developments in practice, legislation and techniques and act diligently and in accordance with applicable technical and professional standards benchmarked against what is expected of the reasonable veterinarian considering the circumstances and geographic and demographic realities at hand;

(ii) To comply with continuing professional development (CPD), which enables a veterinary professional to develop and maintain the capabilities to perform competently within the professional environment; and/or

(iii) To keep record of CPD hours obtained to ensure CPD requirements are met to ensure that registration with Council is maintained.

(c) Professional care: To give due importance to the welfare of the patient: The veterinary professional may, as far as it is within his/her professional ability, not refuse or discontinue treatment to an animal without valid reason; valid reasons include but are not limited to: dangerous animals, verbal abuse, physical violence, and history of non-payment by the owner. Where there are financial constraints, the only treatment that a veterinary professional will ever be obliged to offer at a discounted rate or free of charge, for the sake of animal welfare, is euthanasia.
(d) **Confidentiality**: To respect the confidentiality of information acquired as a result of professional services and the relationships emanating therefrom, and, therefore, not disclose any such information to third parties without proper and specific authority, unless there is a legal or professional right or duty to disclose, nor use the information for the personal advantage of the veterinary professional or third parties.

(e) **Professional conduct includes but is not limited to**:

(i) To be informed and comply with all the legal directives which are relevant to the practice of his /her profession and which include the Act, its regulations and Rules, the current Code of Conduct and Practise, the Medicines Act and its regulations, as well as all other relevant legislation;

(ii) To avoid any action that the veterinary professional knows or ought to have known that may discredit the profession;

(iii) To be morally obliged to serve the public to the best of his/her ability and in the light of acceptable scientific knowledge;

(iv) To refrain from expressing criticism through which the reputation, status or practise of a colleague in the profession is or could be undermined;

(v) Not to permit himself/herself to be exploited in a manner which may be detrimental to the patient, client, the public or the profession;

(vi) The place at or from which a person practises a veterinary profession must be registered with Council and must comply with the applicable general minimum standards for that veterinary facility;

(vii) The principal of a registered facility must inform the Council within thirty (30) days of any changes to the identity or address of the principal; if the principal should pass away, Council should immediately be informed. If the role of principal is not transferred to another veterinarian immediately, all scheduled medicines must be placed under the auspices of the Medicines Control Council, a locum sought as quickly as possible and either the scheduled medicines destroyed or responsibility handed over to the locum; and/or

(viii) A veterinarian must inform Council within thirty (30) days of entering into employment or partnership at another registered facility.
5. Issuing of veterinary certificates

(1) Certificates or other documents, which are issued by veterinary professionals in their professional capacity, must contain facts which are professionally verifiable, save for the historical information and identity supplied by the owner, which must be stipulated as such.

(2) A veterinary professional may only certify those matters of which -

(a) He/she has personal knowledge;

(b) Can be ascertained by him/her personally; or

(c) Are the subject of a supporting certificate from another veterinary professional or delegated para-veterinary professional, who acted under that veterinarian’s instruction and who has personal knowledge of the matter in question and is authorised to provide such a supporting document.

(3) The certificate referred to in Rule 5 (1) must:

(a) Be prepared with care and accuracy;

(b) Be legible;

(c) Be unambiguous and easy to understand;

(d) Be produced on one sheet of paper or, where more than one page is required, these must be consequentially numbered and initialled;

(e) Contain dates that are clear and correct and cannot be misinterpreted; and

(f) Not attest to future events.

(4) All certificates thus issued must indicate –

(a) The name and residential address of the owner of the animal concerned;

(b) The address of the premises where the animal is kept, if different from the owner’s;

(c) The breed, sex, colour and age of the animal;

(d) Name or identification of the animal as reported by the owner;

(e) Any positive identification of the animal such as tattoo numbers, body markings, microchip number and date of micro-chipping where possible;

(f) The purpose for which the animal is certified (e.g. hacking, racing, etc), if applicable;
(g) The date of issue of the certificate as well as the date of examination of the animal; and

(h) For vaccination certificates the following are also required –

(i) The batch number and expiry date of the vaccine which has been used;

(ii) The name of the vaccine or its self-sticking label; and

(iii) The date of vaccination of the animal concerned.

(5) Any certificate or other document which is issued in a professional capacity by a veterinary professional must be signed by such a veterinary professional personally.

(6) When issuing a certificate, a veterinary professional must ensure that -

(a) The certificate contains his/her signature and in clear, legible lettering, his/her name, qualifications, registration number and the physical address of the registered facility and, where applicable his/her official or practice stamp;

(b) An exception to 5(6)(a) is allowed for pre-printed vaccination and export certificates where the printed space does not allow for all the information and only the required detail must be filled in;

(c) He/she completes any manuscript portions in ink;

(d) The certificate contains no deletions, other than those, which are indicated on the face of the certificate to be permissible, and subject to such deletions being initialled by the certifying veterinary professional;

(e) No correction fluid to be used on a certificate; and

(f) No blank spaces on any certificates exist that may be used by another person to alter the original.

(7) All vaccination record cards must indicate –

(a) The name and residential address of the owner of the animal concerned;

(b) The breed, sex, colour and age of the animal;

(c) The name or identification of the animal as reported by the owner;

(d) Any positive identification of the animal such as tattoo numbers, body markings or microchips numbers;

(e) The batch number and expiry date of the vaccine which has been used;

(f) The name of the vaccine or its self-sticking label; and

(g) The date of vaccination of the animal concerned.
(8) Students and para-veterinary professionals may not sign certificates, provided that a record of vaccination may be signed if these are not intended to be used as travel documents or for any other official purpose.

(9) A veterinarian may not authorise any person to sign a certificate on his/her behalf.

(10) Original certificates should always be issued, and a copy made for own records, except for vaccinations, of which a clinical record must be kept.

(11) Copies of certificates issued by a veterinary professional must be retained for a minimum period of five years from the date of issuing.

(12) When required, a facsimile or electronic copy of a certificate will be acceptable, provided that a witness is available to verify the contents of the facsimile or electronic copy (e.g. in court).

(13) Certificates should not require veterinary professionals to certify that there has been compliance with the laws of some other country, unless the provisions of the law are set out clearly on the certificate.

(14) Laboratory result reports communicated by the veterinarian or person delegated by the veterinarian to clients shall contain the minimum following information, as applicable:

(a) date sample was collected, date received, date completed, and date of release of results;

(b) client information and geographical information;

(c) animal identification as submitted, including species, breed, gender and age;

(d) clinical history;

(e) tests performed;

(f) final results and/or diagnosis;

(g) further actions and recommendations;

(h) specific method used;

(i) accreditation, where applicable;

(j) international standard, where applicable;

(k) performance characteristics of the test; diagnostic sensitivity, diagnostic specificity: where this is not available, it must be clearly indicated that the test is not validated, and the performance is not known; and

(l) signature of person authorizing the release of the results and the date.
6. Records at veterinary facilities

(1) The attending veterinary professional must maintain records, including the records required in terms of the Medicines Act, for each animal or group of animals which are legible, accurate and permit prompt retrieval of information.

(2) Records must contain the following information for individual animals as applicable:
   (a) The date or period of the examination or consultation;
   (b) Name of the veterinarian who treated the patient;
   (c) Client’s identification;
   (d) Patient name, other forms of identification, as well as the specie, breed, gender and age;
   (e) Clinical information for the purposes of continuous care and assessment;
   (f) Vaccination record;
   (g) Special procedures;
   (h) Diagnosis;
   (i) Treatment and scripts issued; and
   (j) Discharge instructions.

(3) Records must contain the following information for production animals, including wildlife, as applicable:
   (a) The date or period of the examination or consultation;
   (b) Client’s identification;
   (c) Species & breed; for wildlife species and sex, age group and/or colour if relevant;
   (d) Procedures or treatment performed. For groups of animals a general description of the type of herd-work and bulk use of medicine are acceptable, but the use of schedule 5 and 6 wildlife capture medicines, must be recorded with care; and
   (e) Instructions to client in general, if applicable and abnormal observations.

(4) All records referred to in Rule 6(2), radiological images and the interpretation thereof, laboratory and pathology results must be retained by the principal of the veterinary facility for a period of five years from the patient’s last visit, with the exception of ultrasound images where only the findings must be recorded.

(5) Records must contain the following information for diagnostic laboratory work as applicable:
(a) date sample was collected, date received, date completed, and date of release of results;
(b) client information and geographical information;
(c) animal identification as submitted, including species, breed, gender and age;
(d) clinical history;
(e) tests performed;
(f) personnel doing the preparation and analysis;
(g) method followed, deviations if any, reasons for deviation and reasons why results can still be accepted;
(h) consumables and reagents including name, batch number, and expiry date;
(i) results of quality control samples;
(j) environmental conditions, if abnormal, or other critical information required by the standard operational procedure;
(k) original findings; and
(l) reports.

(6) Records referred to in Rule 6(4) relating to a complaint, charge or allegation lodged with Council in terms of section 31(1) of the Act must be presented to Council within seventy two (72) hours of being requested to submit such records, or as otherwise arranged with Council.

(7) Proper security arrangements must be made to protect medical and other clinical records from loss, fire, alterations, additions, supplements or unauthorised use; electronic records must be backed up on a daily basis and electronic backups should be stored off-site.

(8) Any alterations, additions and/or supplements to any records, clinical or otherwise, must be entered as a supplement to said record and must be dated and clearly defined as such.

(9) (a) The principal of a veterinary facility will be responsible for confirming the identity of the attending veterinary professional to Council, where a complaint is lodged against his/her veterinary facility.
(b) The principal of a veterinary facility will be responsible for providing the records referred to in Rule 6(5), should a complaint be lodged against a veterinarian no longer in the employ of the principal of the facility, subsequent to the date on which the complaint originated.
(c) Should the principal of a facility fail to comply with the provisions of Rule 6(9)(a) he/she will be held accountable for any unprofessional conduct arising from such a complaint.

7. **Acceptance and payment of commission**

(1) Subject to Rule 7(2) a veterinary professional may not -

(a) Accept any commission from any person as a consideration for referrals of any clients by such veterinary professional to such person;

(b) Share with any person, fees charged for a service unless -

(i) Such sharing is commensurate with the extent of such other person's participation in the rendering of the service concerned; or

(ii) He/she is a veterinary professional associated with the veterinary professional as a partner, shareholder, employee or locum tenens; and/or

(c) Charge or accept any fee for the same examination of or work on an animal from both the buyer and the seller of that animal or both the insurer and the owner of

(d) that animal.

(2) The provisions of Rule 7(1) shall not be so construed as to prohibit a veterinary professional -

(a) From introducing a loyalty scheme for a particular practice, provided that the loyalty scheme does not include the payment of money;

(b) From paying to a debt collection agency any commission in respect of debts which are collected by such agency on his/her behalf; or

(c) From accepting any royalty or similar compensation in respect of an article or product to which he/she holds the patent rights or registration under the Medicines Act or Stock Remedy Act.

8. **Covering**

(1) A veterinary professional may not enter into a partnership or allow any shareholding or interest in his/her practice with another person, unless that person is registered with Council as a veterinary professional or para-veterinary professional.

(2) A veterinary professional may:

(a) Offer an appointment in his/her practice to another professional;
(b) Employ another person in a professional capacity at his/her practice; or

(c) Share his/her waiting and consulting rooms with another person involved in practising in the veterinary field.

(3) Any appointment, employment or sharing anticipated in Rule 8(2) is subject to the condition that:

(a) Patients may not be over-serviced for the purposes of increasing any commission, benefit or incentive to the veterinarian; and

(b) Sufficient bio-security measures, according to relevant health and safety legislation and including isolation facilities, are in place to ensure that the wellbeing of humans and animals are not at risk.

9. Estimate of fees

(1) A veterinary professional must inform the client in charge of an animal in respect of which a service is to be rendered of the approximate fee which he/she intends to charge for such service:

(a) As soon as practically reasonable after the patient was examined;

(b) In the event of an emergency as soon as the patient is stabilised; and

(c) When a service is required in addition to the original service anticipated.

(2) Fees for standard procedures may be advertised in the reception area, in which event an estimate of fees need not be given to the client.

(3) The veterinarian must, on an ongoing basis, unless if an emergency, keep the client up to date with the costs and inform the client if more expenses are to be incurred in treating the patient successfully.

(4) Any veterinary professional claiming payment from a person in respect of any service rendered by him/her must furnish such person with an itemised account as soon as possible but not later than 30 days after the service was rendered.

10. Use of veterinary medicine

(1) Whenever a veterinary professional, administers medicine to an animal or prescribes the administering thereof, he/she must satisfy himself that the administering thereof is justified with due allowance for the benefits and risks which that medicine may hold for –

(a) The animal to which it is administered, including withdrawal times of residues where relevant in the animal and/or the effect on the environment;
(b) The person by whom it is administered; and

(c) The consumer of the products of that animal if residues of the medicine concerned should be present in those products.

(2) To tranquilise, sedate, chemically immobilise or anaesthetise wildlife, any schedule 5 or 6 medicine to be administered parenterally, must be administered by a veterinary professional personally.

(3) Notwithstanding the provisions of 10(2) a veterinary professional may prescribe, sell, or dispense the following substance(s) or medicine(s) to a client within a ‘client-patient-veterinarian’ relationship for the purposes of the treatment of a specified patient on condition that the requirements of the Medicines Act are complied with and said substance/medicine may only be made available for a reasonably acceptable period, but in any event for no longer than thirty (30) days consecutive treatment at a time:

(a) Perphenazine enanthate;

(b) Haloperidol;

(c) Zuclopenthixol acetate;

(d) Diazepam; and/or

(e) Azaperone.

(4) A veterinary professional must inform the owner of an animal to which medicine is administered, fully with regard to-

(a) The application and effect of and precautionary measures in connection with that medicine;

(b) The period, if any, during which the products of that animal are to be withheld from human consumption; and

(c) The period, if any, (also referred to as the detection time) during which the animal should not be entered for sports competitions where prohibited substance rules apply.

(5) When using or prescribing a medicine that has been compounded, veterinarians must comply with the following:

(a) Ensure that a suitable registered veterinary medicine or any combination of such medicines, as defined in the Medicines Act, or stock remedy, as defined in the Stock Remedy Act, or any relevant Act it may be substituted with, is not available for sale within the Republic of South Africa in a suitable size, volume and concentration; including extra-label medicine use;
(b) Ensure that where there is no registered veterinary medicine available, a veterinarian may only compound medicine in a quantity not greater than the quantity required for treatment of the patient for a period of not more than 30 days;

(c) Ensure that the preparation labelling of the medicines is done in labelling in accordance with Rule 21(4)(l);

(d) Ensure that there is a documented system for compounding in place and inform the Council, on its request, on the therapeutic efficacy and effect of such compounded medicine, the purpose and circumstances under which and the manner in which such compounded medicine should be used;

(e) Ensure that a compounded product does not contain substances as prohibited in terms of Section 36A of the Medicines Act in South Africa;

(f) Ensure that the purity of the medicines is guaranteed by procuring such medicines from a manufacturer(s) accredited for Good Manufacturing Practice, should the veterinarian personally compound the medicines;

(g) Should the compounding of medicines be outsourced to a third party, the veterinarian must make use of a registered compounding facility with the correct licensing to perform such compounding, who can contractually guarantee the purity of the ingredients, and must issue the third party with a compounding order specifying the product, quantity, packaging and labelling;

(h) Retain full responsibility for the product even when it is compounded by a third party, unless such third party commits a manufacturing error;

(i) Comply with all aspects of Section 22A of the Medicines Act;

(j) Ensure that the compounded products are not advertised or promoted as veterinary medicine trade name products or displayed for sale to the general public;

(k) The use of compounded medicine is not intended to circumvent the registration requirements of the Medicines Act and/or the Stock Remedy Act;

(l) Inform the owner of the lack of quality control and possible deficiencies in efficacy of the compounded product;

(m) Ensure that compounding is not done in the absence of a ‘veterinarian-client-patient’ relationship; and/or

(n) No compounded veterinary medicines or actives may be imported without approval from the Medicines Control Council.

(6) A veterinarian may only use compounded veterinary medicine for a food producing animal(s), including wildlife intended for human consumption, subject to the following:
(a) The use of the compounded medicine is limited to the emergency management of a new disease/condition or the management of a disease/condition to which no local registered product exists, or is not readily accessible at the time, as restricted by the conditions in Rule 10(5)(a) to 10(5)(g) above;

(b) The reason for compounding is not an attempt to enhance growth promotion in any food producing species in the absence of disease;

(c) The withdrawal period associated with its use as prescribed by the veterinarian must be approved in writing by the Food Safety and Security Committee of the Council or the Veterinary Clinical Committee of the Medicines Control Council, as the case may be, in accordance of the requirements of the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972 or hundred and twenty (120) days, or otherwise ten times the half-life of the medicine, unless another withdrawal period is set by one of the two Committees;

(d) The food produced by said animal is unsuitable for human consumption until such time that the withdrawal time is approved by either or both of the Committees listed in Rule 10(6)(c), unless any one of the conditions in Rule 10(6)(c) is met;

(e) Medicines prohibited for use in food producing species as set out in Rule 10(11) may not be used in compounded medicines; and

(f) It is not intended for continued, sustained and/or frequent use on any one farm, by any one farm owner, by any one farm manager, by any one veterinarian or by any one person as this constitutes manufacturing, unless the use of the compounded medicine is reasonably justifiable and substantiated by facts.

(7) When a veterinarian compounds a veterinary medicine, it must be done from a registered suitable facility, unless the circumstances dictate otherwise.

(8) A veterinarian may only compound, or have compounded on his/her behalf an autogenous vaccine, subject to the following:

(a) The veterinarian or third party contractor must be in possession of a permit in accordance with Section 20(b) of the Animal Diseases Act 1984, Act 35 of 1984;

(b) The production may only be undertaken or prescribed by a veterinarian for use in a particular patient in accordance with sections 14(4) and 22A(5)(e) of the Medicines Act;

(c) An autogenous vaccine may only be used for a disease or strain of a disease for which there is no suitable veterinary vaccine or combination thereof registered and/or sold and/or available for sale in the Republic of South Africa;

(d) The use of an autogenous vaccine is restricted to the specific farm where the infectious agent was identified. If grounds exist for the use of an autogenous vaccine on adjacent and non-adjacent farms, then an application in terms of
section 20 of the Animal Diseases Act (Act 35 of 1985) must be submitted for approval;

(e) In a disease outbreak situation the mass use of an autogenous vaccine may only commence in accordance with the requirements of section 20 of the Animal Diseases Act (Act 35 of 1985) and section 21 of the Medicines Act; and

(f) The general sale of any autogenous vaccine to neighbouring farms or other districts/provinces must meet the requirements for general sale of a medicine in accordance with the Medicines Act and the Animal Diseases Act.

(9) If a veterinarian compounds a veterinary medicine, he/she must do so from a registered facility, suitable for compounding, unless the circumstances dictate otherwise.

(10) Extra label use: A veterinarian may use a registered medicine, veterinary medicine or stock remedy in a manner other than stated on the approved label or package insert, provided that there is justifiable reason for doing so. The veterinarian takes full responsibility for the supervision of the preparation, application and outcome of the application/administration of the said medicine, and must be available to advise or intervene if there are any aberrant reactions to the said application/administration. If there is reason to expect any such aberrant reactions from the extra label use, the veterinarian must first explain his/her reasons to the client, and receive permission from the client to proceed.

(11) The following medicines are prohibited for use in food producing animals:

(a) Phenylbutazone;
(b) Chloramphenicol;
(c) Aristolochia spp. and preparations;
(d) Carbadox;
(e) Cefuroxime*;
(f) Chloroform;
(g) Chlorpromazine;
(h) Colchicine;
(i) Dapsone;
(j) Diethylstilboestrol;
(k) Ipronizadole;
(l) Metronidazole;
(m) Nitrofurans (including Furazolidone);
(n) Organic arsenicals; and
(o) Phoxim.

*The new maximum residue limit (MRL) applies for use in cattle only.

(12) Administration of phenylbutazone must comply with the following conditions:

(a) The patient must be identified by an electronic microchip;

(b) All records must be kept as prescribed by the Medicines Act for Schedule 6 medicines;

(c) The veterinarian must obtain a written undertaking signed by the owner, that he/she will:
   
   (i) prevent the patient from entering into the food chain when it dies and that, at that time, proof will be submitted that it was buried, burned or fed to carnivores, subject to the condition that irrespective of the method of disposal, it is incumbent on the veterinarian to ensure that any such disposal poses no danger to the environment or the predators and/or vultures therein.
   
   (ii) that a further written undertaking will be obtained from any third party that is contracted to remove the carcase from the premises, that the carcase will be buried or burned; and that such signed undertaking will be submitted by the owner to the treating veterinarian;
   
   (iii) that, if the animal is sold on, the responsibility of the seller will be taken over by the buyer who will give a written undertaking to the same effect, and which must be submitted to the treating veterinarian;
   
   (iv) that, if the treatment of the animal is taken over by another veterinarian, copies of the written undertakings must be forwarded to same; and
   
   (v) that defaulting on the given undertaking will be seen in a serious light as public health is at stake.

(d) The veterinarian must file these undertakings with the relevant clinical records for a period of five years after the death of the animal;

(e) Non-compliance with Rule 10(12) constitutes very serious unprofessional conduct and on conviction may attract the maximum published fine and/or removal from the register to practice as a veterinarian; and

(f) This Rule will become operative when the conditions set out in Rule 49(3) are met.
11. Supersession

(1) A veterinary professional may only examine or treat any patient currently being treated by a colleague in the profession, or give advice regarding the diagnosis or treatment of that patient, if so requested by the client/owner of the animal concerned. In such a case, the veterinary professional must take steps to notify the original attending veterinarian thereof as soon as possible to obtain the particulars of the current treatment of that animal in order to protect the best interest of the patient.

(2) The original attending veterinarian who is informed by the second attending veterinarian that he/she has taken over the treatment of an animal, must provide all relevant information to the second attending veterinarian, provided that the original attending veterinarian’s account is fully paid, unless it is an emergency, in which case the welfare of the patient overrides any other interests.

(3) If the client presents the animal for a second opinion or treatment without informing the attending veterinarian that the patient is under treatment by another veterinary professional or if the client specifically requests the veterinarian not to contact the original attending veterinarian, the second attending veterinarian is not obliged to comply with Rule 11(1), provided that a record is kept of the instructions by the client.

12. Intrusion

(1) If a veterinary professional has obtained any confidential information regarding the nature and extent of the practice of a colleague in the profession, such veterinary professional may not use such information to promote his/her own practice.

(2) If a veterinary professional renders professional services to an employer, he/she may not use his/her association with or the intellectual property of such employer in any manner whatsoever to promote his/her own practice at the expense of those of his/her colleagues in the profession.

(3) Contravention of Rules 12(1) & 12(2) for own gain is a serious offence which may lead to deregistration.

13. Advertising

(1) A veterinary professional may advertise his/her services, facilities, products and prices or permit another person to do so without limitation on the size, format, artistic or literary style: Provided that the advertisement complies with the provisions of these Rules and may in no way compromise or impair any of the following, namely:-

(a) The client’s freedom to consult a veterinary professional of his/her choice; and
(b) The good reputation of the veterinary profession.

(2) All advertising by a veterinary professional must be in good taste with regard to content, prominence and medium and may not be offensive to any cultural, religious or linguistic community or be contrary to the spirit of the Code of Conduct of the Advertising Standards Authority of South Africa and the Code of Conduct of Practise issued by the Council.

(3) An advertisement of Scheduled medicines must comply with Sections 18, 18A and 18B of the Medicines Act. Scheduled medicine may only be advertised to a person authorised to be in possession of the said schedule’s medicine.

(4) An advertisement describing a specific veterinary animal care service direct to the public must contain the telephone number of the veterinary professional concerned as well as information regarding emergency and out-of-hours service, if required.

(5) Advertisements may not -

(a) Be misleading in any respect;

(b) Compare the quality of services, products, merchandise and/or foodstuffs provided, the standards of facilities and/or the knowledge or expertise of a veterinary professional with that of another veterinary professional or the veterinary profession generally, nor may it claim to be superior in any respect; or

(c) Criticise the quality of services, products, merchandise and/or foodstuffs provided by another veterinary professional.

(6) No veterinary professional other than a specialist registered as such with the Council may claim or imply that he/she is a specialist or an expert in a particular field in any advertisement.

(7) A veterinary professional may advertise that he/she has a particular interest in a certain species, provided that the advertisement indicates that the veterinary professional is a practitioner with such a particular interest.

(8) Only a registered veterinary specialist may advertise that he/she has a special interest or expertise in a species, discipline, organ or procedure.

14. Identification of veterinary facilities where clinical services are rendered

(1) A veterinary facility must be identified by means of an identification board, if clinical services are rendered from the facility.

(2) An identification board referred to in Rule 14(1) must contain at least the following –

(a) The type of registered veterinary facility;

(b) The consulting hours;
(c) A telephone number of the veterinary facility;

(d) After hours contact number, if applicable; and

(e) The name(s) of the veterinarian(s) working at that facility, unless proof of registration is exhibited in the waiting area.

(3) If a veterinary professional moves to a veterinary facility at a new address, a notice to this effect, stating the new address of his/her veterinary facility may be displayed at his/her old address for a maximum period of six months.

(4) If a veterinary professional takes over the practice of a colleague in the profession and opens a veterinary facility at an address other than that of his/her predecessor, a notice to this effect, stating the address of his/her veterinary facility may be displayed at the address where the veterinary facility of his/her predecessor was situated for a maximum period of six months.

(5) A veterinary facility may be identified by means of a direction board, which must comply with the provincial or municipal regulations governing direction boards.

15. Requirements for prescriptions or orders for medicines

(1) Every prescription, or order for a medicine of Schedule 5 and higher, must be written in legible print, typewritten or computer generated and signed electronically in person by a veterinarian and must at least state the following:

(a) The name, qualification and registration number of the veterinarian;

(b) The name, address, and registration number of the facility involved;

(c) The name and address of the person to whom the medicines are delivered;

(d) The date of issue of the prescription or order;

(e) The approved name or the proprietary name of the medicine;

(f) The dosage form;

(g) The strength of the dosage form and the quantity of the medicine to be supplied: Provided that in the case of Schedule 6 substances the quantity to be supplied must be expressed in figures as well as in words: Provided further that where the prescriber has failed to express the quantity in figures as well as in words, the veterinarian or pharmacist dispensing the medicine may, after obtaining confirmation from the prescriber, insert the words or figures that have been omitted;

(h) In the case of a prescription, instructions for the administration of the dosage, frequency of administration and the withdrawal period in the case of medicines for food producing animals;
(i) The species, age and sex of the patient, if applicable; and

(j) The number of times the prescription may be repeated, with the exception of Schedule 6 compounds which may not be repeated without a re-consultation.

(k) If an electronic signature is used, the document must be protected to prevent the abuse of such a signature

(2) A veterinarian may not issue a prescription to a client on which the name or address of a pharmacist or pharmacy appears, except if using pre-printed prescription forms for ordering medicines scheduled in terms of the Medicines Act from a duly registered wholesaler.

(3) Prescriptions must have a unique number and must be issued in duplicate with the copy attached to the patient record and kept for a period of five years.

(4) Practices with electronic records must attach a scanned copy of the prescription to the patient records and these must be kept for a period of five years.

16. Printing on professional stationery

(1) A letterhead must contain the following particulars:

(a) Name of the registered facility;

(b) Physical registered address of the facility;

(c) Registration number of the physical facility;

(d) Telephone number; and

(e) The names and registration numbers of the partners or directors of the veterinary facility.

VEHICLES

17. Animal Transport Vehicle

An animal transport vehicle must be constructed in such a way as to facilitate comfort, be easily sanitized, as well as minimize injury, stress and escape

MINIMUM STANDARDS FOR VETERINARY FACILITIES

18. Compliance with Rules
Clinical veterinary facilities, excluding the following facilities as contemplated in Rules 26, 30, 31, 32, 33, 34 and 35: compulsory veterinary community service and regulatory service facilities, behavioural consultancy, veterinary laboratory, research animal facilities, facilities for herd health practice, facilities for industry and other consultancies and non-practising facility must comply with Rules 18, 19, 20, 21, 22 and 23.

Facilities contemplated in Rules 27, 28 and 29 for small animal hospitals/clinics, hospitals for equines and production animals must, in addition to the requirements of Rules 18, 19, 20, 21, 22 and 23, comply with those requirements or exemptions as listed under that sub-category.

A clinical veterinary facility must comply with Rule 24 if any invasive surgery is performed.

Where prescribed minimum requirements are not met, an explanation with a motivation and a standard operating procedure (SOP) must be submitted to Council to indicate what procedures are in place to guarantee that the welfare of the patient is still accounted for. Such SOP must be re-submitted every five years, and signed by all veterinarians and relevant staff of that facility.

All veterinary facilities must be registered with Council. Should a clinical veterinary facility not meet the minimum standards set out in the Rules, its registration may be suspended for such a period as Council deems fit.

19. General structural requirements for clinical veterinary facilities

A clinical veterinary facility at or from which a person practises a veterinary profession must -

(a) Be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g. a prefabricated building or a container as the word “permanent” relates to the materials used and not the building itself);

(b) Have a source of good general lighting, which is also adequate to ensure the completion of a procedure in progress;

(c) Have adequate ventilation;

(d) Have a dispensary as provided for in Rule 21(4);

(e) Have a fire extinguishing apparatus in accordance with the requirements of the Occupational Health And Safety Act 1993, Act 85 of 1993, which meets the requirements of the relevant local authority;

(f) Be so constructed as to minimise the escape of an animal and to ensure the effective, safe and comfortable confinement of animals at all times; and

(g) Be registered with Council.
(2) Subject to any requirements of a local or other authority, a veterinary facility must consist of -

(a) A reception and office area;

(b) A waiting room for clients with access to toilet facilities; and

(c) One or more examination rooms.

(3) The internal walls and floor surfaces, shelves and tables of a veterinary facility must be of such a nature that they can be properly cleaned and disinfected so as to maintain optimum hygienic conditions.

(4) The drainage and washing water of a veterinary facility must run into an adequate sewer and/or septic tank and must comply with the requirements of local authorities.

(5) The veterinary facility must have a direct public entrance unless the facility is not intended to provide services to the public but to a specific organisation or other entity.

(6) Provision must be made at a veterinary facility for the storage and disposal of carcasses in a hygienic manner, which will ensure that health risks are minimised.

(7) Provision must be made at a veterinary facility for a hygienic, insect and rodent free environment within the facility as well as where therapeutic and nutritional products are stored.

(8) Adequate facilities must be available for the preparation of food and washing and cleaning of all equipment.

20. General procedural requirements

(1) Personnel must be trained in the basics of aseptic technique, animal handling and welfare and such training must be relevant to the scope of practice.

(2) Personnel responsible for the operation of sophisticated equipment and apparatus must be adequately trained within their scopes of practice.

(3) A veterinary professional must clinically examine animals accepted into a veterinary facility as and when needed, but at least daily, and appropriate records pertaining to monitoring of patients in hospital should be entered into the clinical record.

(4) The telephone of a veterinary facility of which the number is used in all official communication (shown in the telephone directory, signboards, advertisements and correspondence), must be answered at all times, and the use of an automatic answering service outside the normal consulting hours is permissible for this purpose, provided that it states the normal consulting hours of that practice and
refers the client to another telephone number, where the veterinary professional on duty can be reached or to the address and telephone number of an after-hours veterinary facility.

21. General requirements at clinical veterinary facilities

(1) A veterinary facility must comply with the following requirements where applicable -

(a) Radiological services must be rendered at the facility, or be accessible;

(b) Have suitable equipment to determine the weight of patients accurately;

(c) An emergency service can be rendered to stabilise patients; patients may be referred where necessary;

(d) Resuscitative cardiopulmonary medicines as well as intravenous fluids and administration sets must be readily available for emergencies;

(e) Suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment;

(f) Have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation;

(g) Routine laboratory equipment within the facility, including at least a microscope, centrifuge, glucometer and refractometer, or reasonable access to such a laboratory service must be available;

(h) In the case of a referral veterinary facility or a veterinary facility where advanced surgical procedures are performed, have an alternate power supply to allow the veterinary facility to function in the event of a power failure and to meet the requirements of local authorities;

(i) Post mortem examinations must be able to be performed at the facility or reasonable access to such a service must be available, which includes referral of the client to the nearest veterinary pathology laboratory;

(j) Have facilities and equipment or access thereto for the hygienic disposal of medical and biological waste to prevent the contamination of the veterinary facility as well as the environment and/or to prevent harm to personnel or the public;

(k) A dispensary as set out in Rule 21(4) should be present at the facility to enable dispensing of relevant medicines for patient treatment according to the Medicines Act and the Code of Good Pharmacy Practise; and

(l) The veterinary facility must be manned by a person registered to practise a veterinary profession during the consulting hours specified on a notice board,
with the proviso that rural practitioners should indicate their office hours and an invitation to make an appointment, whilst not necessarily being in attendance during the indicated office hours.

(2) An animal with a highly infectious disease may not be hospitalised at a veterinary facility, unless facilities for the isolation thereof exist.

(3) Only minor surgical procedures, excluding intra-abdominal, musculo-skeletal, intra-cranial, cardio-vascular or intra-thoracic surgery may be performed at a consulting room. If such surgery is performed at a consulting room, the provisions of Rules 23 and 24 must be complied with.

(4) The dispensary must comply with the following, which must be read in conjunction with the Medicines Act:

(a) It must be a separate room dedicated to the storage of medicines within the practice;

(b) An application for temporary exemption from Rule 21(4)(a) may be submitted, provided that the application is fully substantiated.

(c) If medicine is stored in a cupboard in the consulting room, the following will apply:

i. All reference to temperature, climate control and practicality in Rules (d) to (r) below will equally apply to the room in which the cupboard is located;

ii. The cupboard must be locked at all times when a veterinarian is not present;

iii. Only schedule 2 to 4 medicines may be stored in this cupboard. Schedule 5 and higher medicines must be locked in a safe as prescribed by the Medicines Act; and

iv. The amount of medicine stored must be limited to two containers each of a maximum of fifty medicines.

(d) Light conditions, temperature and humidity within the dispensary or medicine room must comply with the requirements for the storage of medicine, other pharmaceutical products, and packaging materials;

(e) The working surface area in a dispensary must be sufficient to accommodate the volume of prescriptions dispensed;

(f) All medicines must be stored at the prescribed temperature;

(g) A wash hand basin must be accessible, which may be in another room;

(h) No medicines may be stored on the floor;
(i) Schedule 5 and higher scheduled medicines must at all times be under direct supervision of veterinary professionals and locked away in a safe when a veterinarian is not on the premises;

(j) Storage areas must be large enough to allow orderly arrangement of stock and proper stock rotation;

(k) A suitable means of counting tablets and capsules. This equipment must be cleaned regularly so that cross-contamination between products is avoided;

(l) Refrigerator must be accessible (even in another room): must be equipped with a suitable thermometer and capable of storing medicines at temperatures between 2°C and 8°C. The refrigerator must be cleaned, defrosted and checked regularly to ensure efficient running. This refrigerator must be used only for storing pharmaceutical products;

(m) A suitable range of dispensing containers for medicine;

(n) Dispensed medicines must be sold, and correctly labelled in a package containing the following information:

   (i) the proprietary name, approved name, or the name of each active ingredient of the medicine, where applicable, or constituent medicine;

   (ii) the name of the owner, as well as the name of the patient, if available, for whose treatment such medicine is sold;

   (iii) the directions for the use of such medicine;

   (iv) the name and business address of the dispensing veterinarian; and

   (v) date of dispensing.

(o) Empty, time expired/or broken containers of medicines must be disposed of as legislated for dangerous substances in legislation controlling these substances;

(p) Records of medicines purchased need to be kept for a period of 5 years;

(q) The receipt of medication for restocking of the dispensary is the responsibility of the veterinarian, and not the lay persons at the practice; and

(r) Have access to the pharmacological reference sources, and in the case of compounding, access to protocols for the compounding of medication.

22. Diagnostic imaging

   (1) Imaging facilities suitable and adequate for the needs of the type of practice or veterinary facility or access thereto must be provided and be readily available within
a reasonable time. Operation and maintenance of diagnostic imaging facilities and equipment must comply with the manufacturer’s requirements.

(2) Suitable facilities for the processing, recording and viewing of diagnostic images, including but not limited to radiographs or ultrasound must be available, as well as for the filing and storage of radiographic images.

(3) Structural requirements for facilities where radiation equipment is installed, as well as user safety precautions for the use of this equipment must comply with the relevant legislation.

(4) When portable x-ray machines are used, specific precautions need to be taken to protect staff, bystanders, other animals and the environment from the detrimental effects of accidental exposure to irradiation.

(5) An imaging logbook must be kept listing the identity of animal and owner, by numerical number or chronologic order, exposure figures and anatomical position. A logbook is not required should the veterinarian have an electronic data system, which is backed up regularly on an alternate system. Any diagnosis made must be recorded in the patient records.

(6) Each radiograph must have a permanent identification legibly exposed in the film emulsion (or printed on the exposure by the computer software programme) and must include the identity of the animal and the owner, practice identity, date, and positioning indication.

(7) The use of self-adhesive labels for the identification of radiographs is not permissible.

(8) In the absence of a special agreement between the radiographer (veterinary professional) and client, a diagnostic image remains the property of the veterinary professional or the veterinary facility where the image was taken.

(9) A copy of the diagnostic image must be released as soon as possible upon the request of another veterinary professional, provided he/she has been instructed by the owner to make such a request and furthermore that the expenses incurred in producing the diagnostic images are settled.

(10) If an original image was handed to the requesting veterinary professional, a receipt of the transfer may be insisted on and such image must be returned to the original veterinary professional as soon as possible.

(11) The client or the owner of an animal is entitled to a copy of the image and a written report.

23. General requirements for anaesthesia

(1) All animals must undergo a pre-anaesthetic clinical examination, with the exception of wildlife and feral cats. If it is not possible to perform a pre-anaesthetic clinical
examination, the wildlife or feral cat should preferably be observed prior to anaesthesia, if possible.

(2) Adequate facilities must be provided for the safe induction and recovery from anaesthesia.

(3) All persons administering anaesthesia must be qualified or authorised by Council to do so and be competent in the efficient use of all anaesthetic facilities and equipment, provided that a veterinary para-veterinary professional, within his/her scope of practice may administer anaesthesia on the instructions of a veterinarian, with the exception of wildlife, which only a veterinarian personally may anaesthetise in accordance with Rule 10.

(4) The monitoring, maintenance and recovery from anaesthesia must be effected under the direct supervision of a veterinary professional or para-veterinary professional, within his/her scope of practice who must be on the premises.

(5) The same person may not do surgery, monitoring and maintenance of general anaesthesia, unless circumstances dictate otherwise and unless monitoring equipment is available.

(6) Equipment for anaesthesia, either inhalation or parenteral, and facilities adequate and appropriate for the needs of the relevant practice and veterinary facility must be provided at all times.

(7) An appropriate range of clean, functional endotracheal tubes must be available.

(8) Medical oxygen must be available at all times for inhalation anaesthesia maintenance as well as to meet any other emergency situation.

(9) Storage for all explosives, such as gas or oxygen, must be provided for in accordance with the relevant legislation.

(10) A means to provide artificial ventilation must be available.

(11) Lock-up facilities must be available for scheduled medicines in accordance with the relevant laws.

(12) Where applicable, equipment for the control of body temperature must be provided.

(13) Anaesthetic equipment must be adaptable for the variation in body weight and the species range in which it is intended for use.

(14) Active or passive anaesthetic gas scavenging equipment must be in use according to relevant legislation.

(15) All anaesthetic equipment must be properly maintained and serviced at regular intervals.
(16) All animals must be monitored after surgery and may only be discharged once adequately recovered from anaesthesia, i.e. all animals must be fully conscious and ambulatory, unless otherwise discussed and agreed to with the client.

24. Requirements for invasive surgical procedures.

(1) The facility must comply with the following:-

(a) One or more rooms for the treatment and pre-operative preparation of patients, which must be conveniently close to the operating room;

(b) A separate room which is equipped as an operating room and has:

(i) Adequate general lighting, as well as an adequate light source for procedures;

(ii) A surgical table with an impervious operating surface that can be easily cleansed and disinfected;

(iii) An adequate supply of oxygen;

(iv) A gas anaesthetic apparatus or a means of effectively administering oxygen through an endotracheal tube, ambubag or mask;

(v) A means of viewing radiographs; and

(vi) Adequate ventilation.

(2) The operating room must be of adequate size and there must be an adequate supply of equipment, drapes and instruments at all times.

(3) There may be no thoroughfare through an operating room.

(4) The operating room may not be used as a storage room.

(5) Patients should be prepared in a separate room convenient to the theatre (operating room) but not in the same place as where surgery takes place.

(6) Only final preparation of the patient may be done in the operating room.

(7) Aseptic conditions must be maintained in the operating room.

(8) There must be appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation.

(9) Suitable scrubbing up facilities must be available.
25. Mobile animal services for private practitioners practicing from a registered physical veterinary facility and Compulsory Veterinary Community Services facilities

(1) These facilities and services must:

(a) Be registered in the name of the principal of the physical veterinary facility registered with the Council and operate under the same name as the registered physical facility, except if the mobile animal services are rendered for the purposes of Compulsory Veterinary Community Services, in which case the facility must be registered in the name of the Director or Deputy Director, who is a veterinarian in public service in the relevant Province;

(b) Function as an integral part of the registered physical facility to visit clients, except if the mobile animal services are rendered for the purposes of Compulsory Veterinary Community Services;

(c) Be operated by personnel registered with the Council;

(d) Have access to the clinical records kept in terms of the Act and the Medicines Act at the registered physical address; and

(e) Comply with the requirements of adequate record keeping and back-up.

(2) A service delivery vehicle must comply with the following structural and procedural requirements where applicable, the vehicle:

(a) Must be suitable for use on roads and terrain as indicated;

(b) Have an acceptable standard of construction and appearance and be maintained in a clean and sanitary condition;

(c) Be constructed of materials that are impervious and that can be cleaned and disinfected;

(d) Carry a supply of water;

(e) Maintain secure storage of scheduled medicines in accordance with relevant legislation;

(f) Have a fridge or cold box with a minimum/maximum thermometer that can keep all pharmaceuticals at the correct temperatures as indicated;

(g) Have a source of light as applicable;

(h) Have a cold storage system that can maintain 5°C for the transport and storing of all biological products;
(i) Have equipment for the disposal or collection of all waste including carcasses, if required;

(j) Have adequate equipment to ensure basic bio-security and to clean and disinfect overboots between farms;

(k) Carry an appropriate range of medicines, equipment and protective clothing, according to the type of service and species serviced, in a manner that is consistent with professional standards, while ensuring occupational safety;

(l) Have access to a means of communication to contact the base facility; and

(m) Have adequate equipment for:

   (i) Humane physical and chemical restraint as applicable to the species involved;

   (ii) Adequate diagnostic equipment including sample collection equipment;

   (iii) Adequate equipment for administration of medicine;

   (iv) Post mortem equipment;

   (v) Equipment necessary for obtaining and transporting of biological specimens for diagnostic or other purposes;

   (vi) Surgical equipment, including at least one sterilised surgical pack and means of between-farm disinfection of equipment; and

   (vii) Equipment to deal with emergencies, including a relevant obstetric kit, and means of humane euthanasia.

(3) Mobile operating rooms must additionally comply with the following structural and procedural requirements where applicable:

   (a) Be constructed from strong resilient materials that can resist rough roads and severe weather conditions and must be able to be secured against theft;

   (b) The access/entrance to the theatre must be of such a nature that neither personnel nor animals are endangered;

   (c) The internal walls and floor surfaces, shelves and tables should be constructed of impervious materials that can be properly cleansed and disinfected so that hygienic conditions can be maintained;

   (d) Have appropriate/adequate ventilation;

   (e) Have an adequate light source;
(f) Carry a supply of water adequate for the operational needs of the facility if access to clean water is not available;

(g) Maintain secure storage of scheduled medicines in accordance with relevant legislation and manufacturer requirements;

(h) Have facilities to store medicines at recommended temperatures;

(i) Have facilities and equipment, or access thereto, for the hygienic disposal of soiled dressings, sharps, animal tissue and any other contaminated or unwholesome matter or objects to prevent the contamination of the facility or environment according to relevant legislation;

(j) Carry an appropriate range of medicines, instruments and theatre clothing;

(k) Carry an adequate supply of medical oxygen, endotracheal tubes or ambubag to manage an emergency;

(l) Have suitable scrubbing facilities or access to such facilities;

(m) The theatre must be of an adequate size and situated so that there is no thoroughfare;

(n) Have appropriate equipment, or access thereto, for the effective sterilization of surgical instruments;

(o) Have adequate storage for sterilized packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilization;

(p) Must be operated by personnel registered with the South African Veterinary Council;

(q) Aseptic conditions must be maintained in the theatre;

(r) Comply with the requirements of Rules 23 & 24 if surgical procedures requiring general anaesthesia are performed; and

(s) Arrangements must be in place for appropriate post-operative care and monitoring, should an emergency or complications arise post-operatively.

26. Compulsory Veterinary Community Service Facilities & Regulatory Service Facilities

(1) A veterinary facility where a regulatory service is being rendered must:

(a) Be registered with Council in this category;

(b) Consist of, but not limited to, a fully furnished office which must be maintained at an acceptable standard and appearance that is consistent with the professional image and appeal;
(c) Have general office equipment (or access to) such as a computer, fax, telephone, photocopier, effective internet connection and emails;

(d) Have a dispensary in accordance with Rule 21(4), if medicines are dispensed;

(e) Have a fridge or a similar equipment with a minimum/maximum thermometer for storage of thermo-sensitive pharmaceuticals and other biological products at recommended temperature(s) where such products are used;

(f) Have a microscope immediately available, relevant chemicals/ stains, and any other equipment necessary to scientifically, reliably and professionally execute duties associated with the type of veterinary service being rendered at the facility;

(g) Have an appropriate range of medicines, instruments and protective clothing available, where applicable;

(h) Have appropriate equipment for the recording, reporting, auditing and filing of various diseases, cases, events, and clients, according to Rule 6, OIE guidelines and other relevant legislation;

(i) Have access to the relevant scientific and/or legislative information resources necessary for effective retrieval of the information needed to enable the making of sound decisions based on scientific knowledge;

(j) Have additional equipment/ resources that are necessary for the type of veterinary services rendered;

(k) Have a post mortem area (or access to one) that is well equipped to perform a post mortem appropriately and to facilitate a reliable diagnosis, where applicable;

(l) Have facilities and equipment or access thereto for the hygienic disposal of animal tissue and any other contaminated or unwholesome matter or objects to prevent the contamination of the veterinary facility as well as the environment;

(m) Adequate facilities must be available for the washing and cleaning of all equipment;

(n) Where applicable, have equipment (or access to) that is necessary for obtaining and transporting of biological samples/ specimens for diagnostic or other purposes;

(o) Have access to a reliable courier service that can deliver specimens (including transport of full carcasses) and other materials to the appropriate laboratories or destinations; and

(p) Have access to a reliable vehicle that is equipped for the veterinary professional to perform relevant types of services.
(2) For Compulsory Veterinary Community Service, the base facility must comply with the following requirements – as applicable to relevant scope of practice:

(a) Be registered with Council in this category;

(b) Have an external and internal neat appearance;

(c) Have an office where clients and representatives can be received and interviewed, with access to toilet facilities;

(d) Have a dispensary in accordance with Rule 21(4) if applicable, with safe storage for all scheduled medicines;

(e) Have refrigeration facilities for cold storage of biologicals, medicines and biological samples as needed;

(f) Have facilities for the safe storage of biological samples if applicable;

(g) Have a vehicle which is capable of reaching clients in remote areas;

(h) Have the necessary equipment for basic diagnostic procedures, including microscope, refractometer, glucometer and centrifuge;

(i) Have appropriate equipment for the recording, reporting, auditing and filing of various diseases, cases, events, and clients, according to Rule 6, OIE guidelines and other relevant legislation;

(j) Have access to relevant scientific and/or legislative information resources necessary for effective retrieval of information needed to facilitate the making of sound decisions based on scientific knowledge;

(k) Have a post mortem area (or access to one) that is well equipped to perform a post mortem appropriately and to facilitate a reliable diagnosis, where applicable;

(l) If post mortems are done at the facility the following must be in place:

(i) All surfaces, shelves and tables must be of such a nature that they can be properly cleansed and disinfected;

(ii) The drainage and washing water must run into an adequate sewer and/or septic tank and must comply with the requirements of local authorities;

(iii) The veterinary facility must have a direct public entrance;

(iv) Provision must be made at a veterinary facility for the storage and disposal of carcasses in a manner, which will ensure that decomposition will not cause a health risk before being disposed of, and that odours are contained;
(v) Have facilities and equipment or access thereto for the hygienic disposal of animal tissue, sharps and any other contaminated or unwholesome matter or objects, to prevent the contamination of the veterinary facility, harm to personnel as well as the environment; and

(vi) Adequate facilities must be available for the washing and cleaning of all equipment.

(m) All personnel must be trained in aseptic techniques; and

(n) All personnel must be trained in the safe handling of animals, animal welfare and the danger of zoonotic diseases.

(3) A service delivery vehicle must comply with the following structural and procedural requirements where applicable, the vehicle:

(a) Must be suitable for use on roads and terrain as indicated;

(b) Have an acceptable standard of construction and appearance and be maintained in a clean and sanitary condition;

(c) Be constructed of materials that are impervious and that can be cleaned and disinfected;

(d) Carry a supply of water;

(e) Maintain secure storage of scheduled medicines in accordance with relevant legislation if applicable;

(f) Have a fridge or cold box with a minimum/maximum thermometer that can keep all pharmaceuticals that are indicated to be stored at the correct temperature if applicable;

(g) Have a source of light if applicable;

(h) Have a cold storage system that can maintain 5°C for the transport and storing of all biological products if applicable;

(i) Have equipment for the collection and disposal of all waste including carcasses, if required;

(j) Have adequate equipment to ensure basic biosecurity, including equipment to clean and disinfect overboots between farms;

(k) Carry an appropriate range of medicines, equipment and protective clothing, according to the type of service and species serviced, in a manner that is consistent with professional standards, while ensuring occupational safety;

(l) Must carry at least the following:

(i) Equipment for humane physical and chemical restraint if applicable;
Adequate diagnostic equipment including sample collection equipment and a means of estimating body weight, if applicable;

Adequate equipment for medicine administration if applicable;

Post mortem equipment;

Equipment necessary for obtaining and transporting of biological specimens for diagnostic or other purposes;

Surgical equipment, including at least one sterilised surgical pack and means of between-farm disinfection of equipment if applicable; and

Equipment to deal with emergencies, including a relevant obstetric kit, and means of humane euthanasia if applicable.

MINIMUM REQUIREMENTS FOR HOSPITALS/CLINICS

27. Structural and procedural requirements for small animal hospitals

(1) A small animal hospital must comply with Rules 18, 19, 20, 21, 22, 23 and 24.

(2) A ward in which patients are kept must -

(a) Have a separate cage of adequate size for each patient;

(b) Be of such a material so as to prevent self-injury of the patient;

(c) Have proper means to identify each patient; and

(d) Be adequately ventilated and, if necessary, heated or cooled.

(3) Animals hospitalised overnight must be adequately monitored having due regard to the animal’s condition. If such monitoring is not available the client should be informed accordingly.

(4) An area in which patients can be exercised indoors or outdoors must be designed and constructed in a manner that will minimise escape and facilitate the maintenance of hygiene.

Equine hospital

28. Structural and procedural requirements for hospitals for equines

(1) An animal hospital for equines must, in addition to the requirements of Rules 18, 19, 20, 21, 22, and 23 and consist of -
(a) One or more examination rooms or undercover areas equipped with hand washing facilities and diagnostic equipment for the physical, endoscopic, ophthalmic and cardiac examination of the patient;

(b) A transportation system to be used in the transportation of equines to and from the area used during induction of general anaesthesia and surgery; and

(c) A separate room that is equipped as an operating room and has the following:
   (i) An adequate light source;
   (ii) A surgical table with an impervious operating surface that can be easily cleansed and disinfected;
   (iii) A gas anaesthetic apparatus;
   (iv) An adequate supply of medical oxygen;
   (v) A means of viewing radiographs; and
   (vi) Adequate ventilation.

(2) Adequate facilities must be provided for the safe induction and recovery from anaesthesia. In the case of equines, the area to be used during the administration of general anaesthesia and for the recovery from such must be padded with a material that is impervious and can be easily cleansed and disinfected, and which covers the whole floor area as well as the wall to a height of at least two metres.

(3) Aseptic conditions must be maintained in the operating room.

(4) Have appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation.

(5) Suitable scrubbing-up facilities must be available.

(6) Only final preparation of the patient must be done in the operating room.

(7) There may be no thoroughfare through an operating room while it is in use and it may not be used as a storage room.

(8) The operating room must be of adequate size and there must be an adequate supply of equipment, drapes and instruments at all times.

(9) An area for the safe loading and off-loading of patients, as well as a crush pen with a waterproof and washable floor surface, must also be provided at the examination area.

(10) The stable in which patients are housed must be adequately ventilated and arranged in such a manner that each patient is kept separately.
(11) Construction and procedures must be aimed at minimising the spread of contagious diseases.

(12) An area in which patients can be exercised, and is designed and constructed in such a manner as to minimise escape and injury and promote the maintenance of hygiene.

(13) Any material, which poses a fire hazard for the patients at an equine hospital, must be stored away from stables, and if it is kept in an adjoining room, such a room must be separated from the stables concerned by means of a fire partition wall.

(14) Animals must be monitored after hours by suitably trained personnel or the owner must be advised that the animal will not be monitored overnight.

Production animal hospital

29. Structural and procedural requirements for hospitals for production animals

(1) An animal hospital for production animals must, in addition to the requirements of Rules 18, 19, 20, 21, 22 and 23 consist of –

(a) One or more examination rooms or undercover areas with hand washing facilities and adequately equipped to perform diagnostic and standing surgical procedures;

(b) Separate room which is equipped as an operating room and has the following -

   (i) Adequate general lighting, as well as an adequate light source for procedures;

   (ii) A surgical table with an impervious operating surface that can be easily cleaned and disinfected;

   (iii) A relevant gas anaesthetic apparatus;

   (iv) An adequate supply of medical oxygen;

   (v) A means of viewing radiographs; and

   (vi) Adequate ventilation.

(c) Adequate facilities for safe induction and recovery from anaesthesia.

(2) Aseptic conditions must be maintained in the operating room.

(3) Have appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation.
(4) Suitable scrubbing up facilities must be available.

(5) A loading ramp for the safe loading and off-loading of patients, as well as a crush pen with a non-slip and washable floor surface must be available at such animal hospitals for production animals.

(6) The stalls in which patients can be kept either singly or in groups, must be constructed in such a manner that they are kept comfortably, with sufficient space, food, water and ventilation.

(7) Construction and procedures must be aimed at minimising the spread of contagious diseases.

(8) An area in which patients can be exercised, and is designed and constructed in a manner which will minimise escape and injury and promote the maintenance of hygiene.

(9) Any material which poses a fire hazard for the patients at a production animal hospital must be stored away from any stalls, and if it is kept in an adjoining room, such a room must be separated from the concerned patients by means of a fire partition wall.

(10) Animals must be monitored after hours by suitably trained personnel or the owner must be advised beforehand that the animal will not be monitored overnight.

30. Veterinary Behavioural Consultancy

(1) The veterinary behaviourist can consult clients in one of the following ways:

(a) At his/her own behavioural facility (Category A);

(b) At a registered veterinary facility in agreement with the veterinarian in charge of the said facility (Category B); and

(c) At the client’s home (house call) (Category C).

(2) On application for the registration of a veterinary behavioural facility the veterinarian must indicate in which of the ways referred to in 30(1) consultations will be performed: (a) and/or (b) and/or (c).

(3) The veterinarian in charge of the behavioural facility must be competent in animal behavioural medicine and must be registered with the South African Veterinary Council.

(4) An animal behavioural facility that is registered with the South African Veterinary Council as such a facility, may only render animal behavioural services.

(5) The animal behavioural facility may be part of a veterinary facility which is registered with South African Veterinary Council and complies with the minimum standards to
be registered as a hospital, clinic or consulting room. In this case the veterinary behaviourist may perform veterinary procedures which fall under that registration.

(6) **Category A:** An animal behavioural facility at or from which a veterinarian practices a veterinary profession must:

(a) Be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g. a prefabricated building as the word "permanent "relates to the materials used and not the building itself);

(b) Have a good source of general lighting.

(c) Have adequate ventilation;

(d) Have a fire extinguishing apparatus, which meets the requirements of local authorities;

(e) Be so constructed as to minimize the escape of an animal and to ensure the effective and safe confinement of animals at all times; and

(f) Have equipment to determine the weight of patients adequately.

(7) Subject to any requirements of a local or other authority, an animal behavioural facility must consist of:

(a) A reception and office area

(b) Waiting room for clients with access to toilet facilities

(c) One or more consulting rooms

(8) The internal walls and floor surfaces, shelves and tables of an animal behavioral facility must be of such a nature that they can be properly cleansed and disinfected so that hygienic conditions can be maintained.

(9) The drainage and washing water of an animal behavioral facility must run into an adequate sewer and comply with the requirements of local authorities.

(10) The animal behavioral facility must have a direct public entrance.

(11) Provision must be made at a behavioural facility for a hygienic, insect and rodent free environment within the facility as well as where therapeutic and nutritional products are stored.

(12) Adequate facilities must be available for the preparation of food and washing and cleaning of all equipment.

(13) A signboard below the identification board of the veterinary facility indicating that only animal behavioural veterinary services are being rendered from the premises and the extent of these services.
(14) The telephone at a number or alternative number that is indicated in an official telephone directory in respect of a veterinary facility is answered at all times, and the use of an automatic answering service outside the normal consulting hours is permissible for this purpose as long as it states the normal consulting hours of that practice and refers the client to either a telephone number, cell phone number of the veterinary professional on duty or to the address and telephone number of an after-hours veterinary facility.

(15) Have access to the relevant scientific information resources necessary for effective retrieval of the information needed to enable the making of sound decisions based on scientific knowledge;

(16) An animal behavioural facility must have the necessary facilities and or equipment in order to ensure that a complete basic physical examination can be performed.

(17) A dispensary service for its own requirements can be rendered at the facility, and must be maintained as well as administered in accordance with Rule 21(4).

(18) To aid in the diagnosis of an animal behavioural problem or to exclude medical causes for animal behavioural problems it may be necessary to obtain blood or urine samples for laboratory analysis. The animal behavioural facility must, either:

(a) Have basic equipment to allow sample collection, proper storage facility for the sample and have access to a laboratory for sample analysis; or

(b) Refer the owner to his/her usual veterinarian for sample collection and analysis.

(19) In some instances, euthanasia of an animal may be indicated for behavioural reasons. Should the facility offer euthanasia, the facility must:

(a) Have lock-up facilities available for scheduled medicines in accordance with the relevant laws; and

(b) Keep proper records of the medicines used.

(20) Provision must be made at a veterinary facility for the storage and/or disposal of carcasses in a manner, which will ensure that decomposition will not cause a health risk before being disposed, and that odours are contained.

(21) Should the animal behavioural facility not offer euthanasia, the client will be referred to his/her usual veterinarian for the procedure.

(22) Animals will not be admitted to the animal behavioural facility. Should overnight observation of the animal be needed the owner will be referred to his/her usual veterinarian for hospitalisation.

(23) Records must be maintained as per Rule 6.

(24) Diagnostic imaging will not be done at the animal behavioural facility.
(25) In a case where diagnostic imaging is needed to aid in the diagnosis for a behavioural case, the client will be referred to his/her usual veterinarian for the procedure.

(26) No surgical procedures may be performed at an animal behavioural facility.

(27) In the case where an animal requires a surgical procedure to aid in the treatment of an animal behavioural case, the owner of the animal will be referred to his/her usual veterinarian for the procedure.

(28) **Category B**: If a registered clinical veterinary facility is used for behavioural consultations, it is subject to the following:

(a) The veterinary behaviourist may make use of a registered veterinary facility as long as that facility can provide:

   (i) A consultation room that enables a lengthy consultation, with comfortable seating for the client and the behaviorist;

   (ii) A consultation room free from excessive noise or interruptions that could disturb the behavioural consultation;

   (iii) A consultation room where the veterinary behaviourist can execute the consultation in a confidential manner;

(b) The veterinary behaviourist must comply with Rules 30(14) and (15): General procedural requirements and Rule 30(23): refer Rule 6 Records at veterinary facilities.

(29) **30(29) Category C**: If a behavioural house call is made, it is subject to the following:

a) The veterinary behaviourist must comply with Rules 30(14) and (15): General procedural requirements and Rule 30(23): refer Rule 6 Records at veterinary facilities

b) An office is required where:

   (i) The office must form part of a permanent structure, be hygienic with surfaces that can be kept clean;

   (ii) Records can be kept;

   (iii) Clients can be consulted should clients wish to see the veterinary behaviorist (without the patient);

   (iv) Medicines prescribed for behavioural medicine must be stored in accordance with Rule 21(4);

   (v) Equipment and products used in behavioural medicine can be kept

(c) The vehicle used for house and or farm consultations must be maintained in a clean and sanitary condition.
(d) The vehicle must contain those items of equipment that are necessary for the veterinary professional to perform physical examinations and treatment consistent with the standards of the profession to perform an animal behavioural consultation.

31. Veterinary Laboratory

(1) A veterinary laboratory at or from which a registered person renders a laboratory service must:

(a) Be a permanent structure and any mobile unit operated from the facility shall be linked to permanent facility (see section on mobile units);

(b) Have an external and internal neat appearance;

(c) Have signage that complies with regulations of the local authority and where applicable also meets any regulation and/or Rules set by the Council;

(d) Have separate areas for receiving members of the public and samples;

(e) Have access to toilet facilities for members of the public;

(f) As far as possible separate laboratory areas to prevent cross contamination of samples;

(g) Have, where applicable, appropriate facilities for the storage of samples in order to prevent degradation of samples before testing;

(h) Have facilities meeting the applicable regulations for the safe storage of chemicals and pharmaceuticals;

(i) Have facilities for the safe storage of scheduled medicines, if applicable;

(j) Have applicable equipment available to carry out the required tasks;

(k) Have adequate facilities available for the washing, cleaning and sterilisation of all equipment;

(l) Have proper facilities and containers for the storage of disposed hazardous waste including but not limited to sharps, chemicals, used test kits, biological samples, etc. prior to collection by a licensed waste removal company as per regulations of the local authority;

(m) The internal walls, floors and work surfaces shall be of such a nature that they can be properly cleansed and disinfected in order to maintain hygienic conditions and prevent contamination of samples;

(n) The drainage and washing water of a veterinary laboratory shall run into an adequate sewer and comply with the requirements of local authorities;
(o) Where applicable make provision for the storage and disposal of carcasses in a manner that will ensure that they will not start to decompose before they are disposed of;

(p) Where an on-site incinerator exists for the disposal of carcasses the incinerator shall be licensed according to the relevant environmental regulations;

(q) Where applicable have animal housing that complies with relevant legislation;

(r) Where applicable ensure that personnel are trained in the safe and humane handling of animals;

(s) Employ personnel who are in possession of the applicable prescribed qualifications and are registered at the Council to perform the testing;

(t) Provide personnel with protective clothing and protective equipment applicable to the level of risk involved; and

(u) Have fire extinguishing apparatus which meets the requirements of the local authorities and is suited for the types of fire hazard based on the activities at the laboratory.

(2) Mobile laboratory units must:-

(a) Be linked to a permanent facility and cannot be registered as an individual facility;

(b) Be identified as a part of the permanent facility by listing the vehicle registration number at the time of applying for facility registration;

(c) Comply with all applicable traffic regulations;

(d) Be operated while in transit by a person with a driver's permit applicable to the type of vehicle;

(e) Have a fire extinguishing apparatus which meets the requirements of the local authorities and is suited for the types of fire hazard based on the content of the mobile unit;

(f) Have facilities for the safe transport and storage of chemicals and reagents that adhere to the regulations applicable to the transport of the chemicals and/or reagents;

(g) Meet all the relevant regulations for transport of chemicals if applicable;

(h) Have proper facilities for the storage of the sample types to be tested;

(i) Have containers that meet the relevant regulations for disposal of hazardous waste including but not limited to sharps, chemicals, used test kits, biological samples, etc. until it can be discarded at or from the permanent facility; and
(j) Have applicable equipment available to carry out the required tasks.

(3) The laboratory must comply with the following procedural aspects:

(a) The Laboratory must have a documented manual for Good Laboratory Practices (GLPs) stipulating the GLPs relevant to that Laboratory;

(b) The Laboratory must have documented standard operating procedures for all tests performed at the facility;

(c) Where international or national standardised methods exist these must be used, unless reasonable ground for deviation exist;

(d) The Laboratory must have a documented maintenance schedule for all equipment used in testing of samples and evidence that maintenance is done;

(e) The Laboratory must have a documented calibration schedule for all applicable equipment used in testing of samples and evidence that calibration is done; and

(f) The Laboratory must have a documented procedure for the retention of records including laboratory results that indicate how records will be secured, protected from loss and alterations, protected from unauthorised use and what the retention period will be.

(4) In addition to the minimum standards listed the following also apply as far as testing of patient samples and/or other samples are concerned:

(a) Any analysis performed to certify or confirm diagnosis of a controlled animal disease must be accredited by SANAS according to the latest version of the ISO 17025 standard and upon accreditation of the analysis the laboratory facility must be approved by the Department of Agriculture, Forestry and Fisheries to perform the analysis; and

(b) Any in-house analyser used for testing patient samples must:

(i) Be maintained and service according to a documented schedule and evidence that this is done must be kept; and

(ii) Be calibrated at a set and documented interval to ensure that the analyser can still detect all analytes accurately and evidence of the calibration shall be kept.

32. Research Animal Facilities:

(1) Application for facility registration must include a detailed description of the work that will be conducted and where indicated other Rules which may be applicable for certain procedures (for instance mobile facility for off-site work) or motivation for exemption from the minimum requirements referred to in Rule 31.
(2) Where prescribed minimum requirements are not met, an explanation with a motivation and a standard operating procedure (SOP) must be submitted to Council to indicate what procedures are in place to guarantee that the welfare of the patient is still accounted for. Such SOP must be re-submitted every five years, and signed by all veterinarians and relevant staff of that facility.

(3) A research animal facility must:
   
   (a) Be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g. a prefabricated building or a container as the word “permanent “relates to the materials used and not the building itself);

   (b) Have a source of good general lighting, which is also adequate to ensure the completion of a procedure in progress;

   (c) Have adequate ventilation;

   (d) Have a fire extinguishing apparatus in accordance with the requirements of the Occupational Health and Safety Act 1993, Act 85 of 1993, which meets the requirements of the relevant local authority;

   (e) Be so constructed as to minimise the escape of an animal and to ensure the effective and safe confinement of animals at all times; and

   (f) Be registered with the SAVC.

(4) Subject to any requirements of a local or other authority, a research animal facility must consist of:

   (a) A reception and office area and area where suppliers / visitors can wait without direct access to animals;

   (b) One or more examination or procedure rooms;

   (c) Animal housing rooms; and

   (d) Isolation facility with adequate biosecurity measures, if needed.

(5) The internal walls and floor surfaces, shelves and tables of a veterinary facility must be of such a nature that they can be properly cleaned and disinfected so as to maintain hygienic conditions.

(6) The internal walls and floor surfaces, shelves and tables of a research animal facility must be of such a nature that they can be properly cleaned and disinfected so as to maintain hygienic conditions.

(7) The drainage and washing water of a research animal facility must run into an adequate sewer and/or septic tank and/or collection tank and must comply with the requirements of local authorities.
(8) Provision must be made at a research animal facility for the storage and disposal of carcasses and other waste in a manner, which will ensure that health risks are minimised.

(9) Provision must be made at a research animal facility for a hygienic, insect, wild-bird and wild-rodent free environment within the facility as well as where therapeutic and nutritional or husbandry products are stored.

(10) Adequate facilities must be available for the preparation of food and washing and cleaning of all equipment.

(11) A research animal facility must comply with the following general procedural requirements:

(a) Personnel must be trained in the basics of aseptic technique and such training must be relevant to the scope of practise;

(b) Personnel responsible for the operation of sophisticated equipment and apparatus must be adequately trained within their scopes of practise;

(c) Daily health-checks and welfare monitoring of animals housed at the research facility must be conducted by SAVC-registered or SAVC-authorised personnel, which must be followed up by weekly health and welfare monitoring by the veterinarian in charge; and

(d) All laboratory and diagnostic facilities must have a biosecurity program as well as an emergency/containment program and/or SOP for each designated area of the facility, these programs must be audited and records must be kept.

(12) A research animal facility must comply with the following general requirements, where applicable:

(a) Have equipment to determine the weight of animals accurately;

(b) An emergency service can be rendered to stabilise animals and/or for euthanasia;

(c) Resuscitative cardiopulmonary medicines as well as intravenous fluids and fluid administration sets must be readily available for emergencies;

(d) Suitable sterilising equipment, or access thereto, to be done adequately for the effective sterilisation of surgical packs and other equipment;

(e) Have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation;

(f) Routine laboratory equipment within the facility, or reasonable access to such a laboratory service must be available;
(g) In the case of a research animal facility where invasive surgical procedures are performed, have an alternate power supply to allow the facility to function in the event of a power failure and to meet the requirements of local authorities;

(h) Post mortem examinations should be performed at the facility or reasonable access to such a service must be available;

(i) Have facilities and equipment or access thereto for the hygienic disposal of medical and biological waste and sharps to prevent the contamination of the research animal facility as well as the environment;

(j) Have facilities for the safe storage and use of relevant medicines for patient treatment and procedures in accordance with the Medicines Act; and

(k) Adequate biosecurity measures must be in place when dealing with contagious diseases or genetically modified organisms.

(13) Only minor surgical procedures, excluding intra-abdominal, musculo-skeletal, intracranial, cardio-vascular or intra-thoracic surgery may be performed in a procedure room unless such procedure room complies with Rule 24.

(14) Animals must, unless circumstances dictate otherwise, be euthanased in areas separate from animal housing areas, using appropriate euthanasia methods per species and life-stage. Where circumstance does not allow for the animal to be removed, appropriate measures must be in place (such as screens or sedation) to minimise the distress to any other animal in the housing area.

(15) The storage of medicine must comply with the following:

(a) Light conditions, temperature and humidity must comply with the requirements for the storage of medicine, other pharmaceutical products, and packaging materials;

(b) All medicines must be stored at the prescribed temperature;

(c) Schedule 5 and higher scheduled medicines must at all times be under direct supervision of a veterinary professional or para-veterinary professional, within the scope of practise of that para-veterinary professional, and locked away when the veterinary professional or para-veterinary professional is not on the premises;

(d) Storage areas must be large enough to allow orderly arrangement of stock and proper stock rotation;

(e) A refrigerator must be available and must be equipped with a suitable thermometer and capable of storing medicines at temperatures between 2°C and 8°C, if so indicated. The refrigerator must be cleaned, defrosted and checked periodically to ensure efficient running. This refrigerator must be used only for storing pharmaceutical products;
Empty, time expired/or broken containers of medicines must be disposed of as legislated for dangerous substances in legislation controlling these substances; and

Records of medicines purchased and prescribed or used need to be kept for a minimum period of 5 years.

If diagnostic imaging is done, the facility must comply with Rule 22.

Structural requirements for facilities where radiation equipment is installed, as well as user safety precautions for the use of this equipment thereto must comply with the relevant legislation.

A research animal facility must comply with the following general requirements for anaesthesia:

(a) All animals must undergo a pre-anaesthetic clinical examination;

(b) All persons administering anaesthesia must be registered or authorised by Council to do so and be competent in the efficient use of all anaesthetic facilities and equipment, provided that a para-veterinary professional, within his/her scope of practice may administer anaesthesia on the instructions of a veterinarian, with the exception of wildlife, which only a veterinarian personally may anaesthetise in accordance with Rule 10(2);

(c) The monitoring, maintenance and recovery from anaesthesia must be effected under the direct supervision of a veterinary professional or para-veterinary professional, within his/her scope of practice who must be on the premises;

(d) Adequate facilities must be provided for the safe induction and recovery from anaesthesia.

(e) The same person may not do surgery, monitoring and maintenance of general anaesthesia, unless circumstances dictate otherwise and appropriate vital signs monitoring equipment, such as a pulse oximeter or apalert is available;

(f) Equipment for anaesthesia, either inhalation or parenteral, and facilities adequate and appropriate for the needs of the research animal facility must be provided at all times;

(g) An appropriate range of clean, functional endotracheal tubes must be available for the relevant species;

(h) Medical oxygen must be available at all times for inhalation anaesthesia maintenance as well as to meet any other emergency situation;

(i) Storage for all explosives, such as gas or oxygen, must be provided for in accordance with the relevant legislation;

(j) A means to provide artificial ventilation must be available;
(k) Lock-up facilities must be available for scheduled medicines in accordance with the relevant laws;

(l) Where applicable, equipment for the control of body temperature must be provided;

(m) Anaesthetic equipment must be adaptable for the variation in body weight and the species range in which it is intended for use;

(n) Active or passive anaesthetic gas scavenging equipment must be in use according to relevant legislation;

(o) All anaesthetic equipment must be properly maintained and serviced at regular intervals; and

(p) All animals must be monitored after surgery and not left unattended, unless adequately recovered from anaesthesia.

(19) A research animal facility must comply with the following general requirements for surgery, if invasive surgery is done:

(a) One or more rooms or areas for the treatment and pre-operative preparation of patients, which must be convenient to the operating room; and

(b) A separate room or area appropriate to the species involved and the procedure performed which is equipped as an operating room and has:

   (i) An adequate light source;

   (ii) A surgical table with an impervious operating surface that can be easily cleansed and disinfected;

   (iii) A gas anaesthetic apparatus where relevant;

   (iv) An adequate supply of oxygen; and

   (v) Adequate ventilation.

(20) The operating room must be of adequate size and there must be an adequate supply of equipment, drapes and instruments at all times.

(21) There may be no thoroughfare through an operating room.

(22) The operating room may not be used as a storage room.

(23) Patients should be prepared in a separate room or area convenient to the operating room but not in the same place as where surgery takes place.

(24) Only final preparation of the patient may be done in the operating room or area.

(25) Aseptic conditions must be maintained in the operating room.
(26) Have appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation.

(27) Suitable scrubbing up facilities must be available.

(28) Animal housing rooms in which animals are kept must comply with appropriate animal housing, husbandry and environmental enrichment standards in accordance with the relevant SA National Standard (SANS) for the housing of laboratory animals, or, in the absence of a specific SANS, to the internationally accepted standard;

(29) Cages and/or enclosures must:
   a) Be of adequate size for each animal or group of animals;
   b) Be of such a material so as to prevent self-injury of the animal;
   c) Favour maintenance of hygiene; and
   d) Be adequately ventilated and, if necessary, heated or cooled.

(30) Appropriate environmental enrichment programmes for all species, including exercise where relevant must be available. Exercise areas must be designed and constructed in a manner that will minimise escape and facilitate the maintenance of hygiene.

(31) A research animal facility must comply with the following ethical and additional standards:
   (a) Access control must be in place to restrict access to authorised personnel only;
   (b) Adequate bio-exclusion and bio-containment protocols and standards must be in place;
   (c) All personnel performing procedures on animals must be registered or authorised by the Council, with sufficient registered veterinary and registered para-veterinary professionals to supervise all authorised personnel adequately;
   (d) Animal welfare must be guaranteed in accordance with the relevant SANS, or in the absence of a specific SANS, the internationally accepted standard;
   (e) Welfare inspections must be conducted at appropriate intervals by registered Animal Welfare Organisations with deficiencies addressed adequately and timeously, regular (at least weekly) veterinary health and welfare examination of animals, and at least daily welfare monitoring of experimental animals by registered or authorised persons with increased welfare monitoring frequencies as determined by Animal Ethics Committee depending on expected or known study severity;
(f) Prior to initiating any scientific activities, approval must be obtained from an Animal Ethics Committee, which must conform to SANS 10386:2008 and if such activity could impact on human health, be registered with the National Health Research Ethics Council (NHREC).

(g) DAFF compliance certification for BioSafety Level 3 or higher laboratories;

(h) A permit in terms of Section 20 of Animal Diseases Act 1984, Act no 35 of 1984 must be obtained from the Department of Agriculture, Forestry and Fisheries where relevant;

(i) Nature Conservation and other permits where relevant; and


33. Facilities for Herd Health Practice: Ruminant, Wildlife, Poultry, Pigs, and Aquatic

(1) The base facility must comply with the following requirements – as applicable to the relevant scope of practice:

(a) Be registered with Council in the relevant category;

(b) Have an external and internal neat appearance;

(c) Have an office where clients and representatives can be received and interviewed with access to toilet facilities;

(d) Have a dispensary in accordance with Rule 21(4) with safe storage for highly scheduled medicines;

(e) Have refrigeration facilities for cold storage of vaccines, medicines and biological samples as needed;

(f) Have facilities for the safe storage of records and medicine registers;

(g) Have facilities for the safe storage of biological samples if applicable;

(h) Have a service delivery vehicle which can reach clients in remote areas; refer Rule 25(2)

(i) Have a laboratory for basic diagnostic procedures, including microscope, refractometer and centrifuge, or reasonable access to;

(j) Have appropriate recording and communication equipment for the recording, reporting, auditing and filing of various diseases, cases, events, and clients, according to Rule 6, OIE guidelines and other relevant legislation;
(k) Have access to the relevant scientific information and/or legislation necessary for effective retrieval of thereof to enable the making of sound decisions based on scientific knowledge;

(l) Have a post mortem area (or access to one) that is well equipped to perform a post mortem appropriately and to facilitate a reliable diagnosis, where applicable;

(m) If post mortems are done at the facility the following must be in place:

(i) All surfaces must be of such a nature that they can be properly cleansed and disinfected;

(ii) The drainage and washing water must run into an adequate sewer and/or septic tank and must comply with the requirements of local authorities;

(iii) The veterinary facility must have a direct public entrance;

(iv) Provision must be made at a veterinary facility for the storage and disposal of carcasses in a manner, which will ensure that decomposition will not cause a health risk before being disposed, and that odours are contained;

(v) Have facilities and equipment or access thereto for the hygienic disposal of animal tissue and any other contaminated or unwholesome matter or objects, to prevent the contamination of the veterinary facility as well as the environment; and

(vi) All personnel must be trained in the safe handling of animals and the danger of zoonotic diseases.

(n) All personnel must be trained in aseptic techniques; and

(o) There must be adequate facilities for the safe cleaning and disinfecting of all equipment.

(2) A service delivery vehicle must comply with the following structural and procedural requirements where applicable:

(a) Must be suitable for use on roads and terrain as indicated;

(b) Have an acceptable standard of construction and appearance and be maintained in a clean and sanitary condition;

(c) Be constructed of materials that are impervious and that can be cleaned and disinfected;

(d) Carry a supply of water;
(e) Maintain secure storage of scheduled medicines in accordance with relevant legislation;

(f) Have a fridge or cold box with a minimum/maximum thermometer that can keep all pharmaceuticals at the correct temperatures as indicated;

(g) Have a source of light as applicable;

(h) Have a cold storage system that can maintain 5°C for the transport and storing of all biological products;

(i) Have equipment for the collection and disposal of all waste including carcasses, if required;

(j) Have adequate equipment to ensure basic biosecurity, including equipment to clean and disinfect overboots between farms;

(k) Carry an appropriate range of medicines, equipment and protective clothing, according to the type of service and species serviced, in a manner that is consistent with professional standards, while ensuring occupational safety;

(l) Must carry at least the following equipment – as applicable to the services rendered:

   (i) Humane physical and chemical restraint as applicable to the species involved;

   (ii) Adequate diagnostic equipment including sample collection equipment;

   (iii) Adequate equipment for administration of medicines and in the case of wildlife animals efficient and effective darting equipment in good working order;

   (iv) Post mortem equipment;

   (v) Equipment necessary for obtaining and transporting of biological specimens for diagnostic or other purposes;

   (vi) Surgical equipment, including at least one sterilised surgical pack and means of between-farm disinfection of equipment;

   (vii) Equipment to deal with emergencies, including a relevant obstetric kit, and means of humane euthanasia; and

   (viii) Adequate medicine.

(3) During the handling and use of any immobilising agent the following safety measures must be in place to prevent accidental exposure:
(a) Suitable first-aid kit with resuscitation equipment and appropriate quantities of suitable antidotes, readily available;

(b) An assistant (or bystander) that is adequately trained and experienced to administer first-aid and the required antidote when necessary;

(c) The correct equipment, protective rubber gloves and protective eye wear to minimise the risk of spillage and accidental exposure; and

(d) Enough water for immediate washing in case of spillage.

(4) When administering anaesthesia to wildlife, the provisions of Rule 23 must be complied with to the extent possible under the prevailing circumstances.

34. Facilities for Consultants in Industry and other consultancies

(1) The base facility must comply with the following requirements – as applicable to relevant scope of practice:

(a) Be registered with Council in this category;

(b) Have an external and internal neat appearance;

(c) Have an office where clients and representatives can be received and interviewed, with access to toilet facilities;

(d) Have a dispensary in accordance with Rule 21(4), if applicable;

(e) Have refrigeration facilities for cold storage if applicable;

(f) Have facilities for the safe storage of biological samples if applicable;

(g) Have a laboratory equipped according to scope of practice;

(h) Have appropriate recording and communication equipment as needed for reporting;

(i) Have access to the relevant scientific and/ or legislative information resources necessary;

(j) Have a post mortem area (or access to one) that is well equipped to perform a post mortem appropriately and to facilitate a reliable diagnosis, where applicable;

(k) Have facilities and equipment or access thereto for the hygienic disposal of animal tissue and any other contaminated or unwholesome matter or objects, to prevent the contamination of the veterinary facility as well as the environment;

(l) All personnel must be trained in aseptic techniques;
(m) There must be adequate facilities for the safe cleaning and disinfecting of all equipment; and

(n) All personnel must be trained in the safe handling of animals and the danger of zoonotic diseases.

(2) A service delivery vehicle must comply with the following structural and procedural requirements where applicable:

(a) Have an acceptable standard of construction and appearance and be maintained in a clean and sanitary condition if applicable;

(b) Be constructed of materials that are impervious and that can be cleaned and disinfected if applicable;

(c) Maintain secure storage of scheduled medicines (medicines) in accordance with relevant legislation if applicable;

(d) Have a fridge or cold box with a minimum/maximum thermometer that can keep all pharmaceuticals at the correct temperatures as indicated;

(e) Have equipment for the collection and disposal of all waste, if required;

(f) Have adequate equipment to ensure basic biosecurity, including equipment to clean and disinfect overboots between farms;

(g) Carry an appropriate range of medicines equipment and protective clothing, according to the type of service and species serviced, in a manner that is consistent with professional standards, while ensuring occupational safety; and

(h) Adequate medicine.

35. Non-practising facility

(1) The base facility must comply with the following requirements:

(a) Be registered with Council in this category;

(b) Have facilities for the safe storage of highly scheduled medicines, if applicable;

(c) Have refrigeration facilities for biologicals if applicable;

(d) Have appropriate equipment for the recording and filing of all orders, scripts and usage of medicines and any diseases or events, as needed according to relevant legislation; and

(e) Have access to the relevant scientific and/ or legislative information resources necessary.
The non-practising facility will be registered and such registration will be maintained, subject to the following:

(a) The registered veterinarian must provide proof to the Registrar that he/she is up to date with the requirements of continuing professional development upon request;

(b) Payment of the applicable annual maintenance fees; and

(c) The registered veterinarian undertakes to use any medicines purchased on his/her own animals only, and does not do any work for anyone else or for a fee.

MINIMUM STANDARDS FOR VETERINARY SHOPS

36. General structural requirements

(1) A veterinary shop must -

(a) Be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g. a prefabricated building as the word "permanent" relates to the materials used and not the building itself);

(b) Have adequate lighting and ventilation;

(c) Have internal walls and floor surfaces that are neat and constructed of impervious materials to ensure that hygienic conditions can be maintained.

(d) Have sufficient storage space to ensure hygienic, insect and rodent free storage of all items stocked in the veterinary shop; and

(e) Have provision for the display of merchandise in or on neat and attractive display cabinets, shelving, counters and tables that have impervious surfaces that can be properly cleaned and disinfected.

37. General procedural requirements

(1) Only a veterinarian may have a financial interest in and own a veterinary shop.

(2) No staff employed at a veterinary shop that are not qualified as a veterinary professional or para-veterinary professional, may give any advice whatsoever regarding the products on sale, unless they have completed a minimum training course acceptable to Council to ensure that they are adequately and appropriately trained and qualified to offer a professional service to the public;

(3) Attendance certificates must be kept for each staff member as proof of completion of the acceptable training course.
(4) Any consultation or service requests of a veterinary clinical nature should be referred to a registered veterinary facility.

(5) Veterinary or para-veterinary professional supervision at a veterinary shop is essential with active and visible participation in the activities of the veterinary shop.

38. Sale of merchandise

(1) The following products may be sold at a veterinary shop:

(a) Medicines that are registered as schedule 0 medicines in terms of the Medicines Act;

(b) Stock remedies registered without any conditions for sale or use in terms of the Stock Remedies Act, or any relevant Act it may be substituted with; and

(c) Any other veterinary pharmaceutical products including products for which the manufacturer has limited the sale to veterinary professionals.

(2) Stock remedies registered with restricted requirements such as for “use by or under the control of a veterinarian only” in terms of the Stock Remedies Act, or any relevant Act it may be substituted with, may only be sold if a veterinarian has advised on the suitability of the stock remedy and is present in the veterinary shop at the time of the sale.

(3) No medicines registered as schedule 1 or any higher schedule in terms of the Medicines Act may be sold from a veterinary shop.

(4) No live animals are to be kept for sale or sold at a veterinary shop.

PROCEDURE AT INQUIRIES INTO PROFESSIONAL CONDUCT

39. Lodging of complaints

A complaint must be in writing in the form of a sworn affidavit, signed in the presence of a commissioner of oaths or police officer and be addressed to the Registrar.

40. Preliminary investigation

(1) On receipt of a complaint, the Registrar must advise the respondent of the complaint and forward a copy thereof to the respondent.

(2) The Registrar must inform the respondent that he/she may furnish a typewritten explanation, in the form of a sworn and signed affidavit, before a date, not earlier than thirty (30) days from the date of the request, or as otherwise agreed on request of the respondent upon substantiation, to the Council.
(3) The respondent must be warned that such an explanation may be used in evidence against him/her.

(4) The respondent must be informed of his/her right to refuse to answer any allegations, which might incriminate him/her; and

(5) The respondent must be informed that he/she is entitled to seek legal representation prior to filing such an affidavit.

(6) On receipt by the Registrar of an explanation, it must be submitted to an investigation committee, and if no explanation is received, the Registrar must report this to the investigation committee.

(7) The Registrar or the investigation committee may at any stage cause further investigation to be made.

(8) If further information is sought from the respondent he/she must be advised of -

(a) his/her right to refuse to answer any questions and furnish any information which might incriminate him/her; and

(b) that he/she is entitled to legal representation during such consultation or discussion.

(9) If an investigation committee resolves that a complaint, even if substantiated, does not constitute unprofessional, improper or disgraceful conducts it must take such action as it may think fit and report such action to the Council.

(10) If the complainant is not satisfied with the outcome of the investigation committee's preliminary finding, the evidence at hand must be referred to Council for a decision whether or not an inquiry into professional conduct should be held.

(11) If it appears to an investigation committee that an inquiry should be held into the conduct of a respondent, it must direct the Registrar to arrange for the holding of an inquiry into professional conduct.

41. Inquiry into professional conduct

(1) On receipt of a directive to hold an inquiry the Registrar must summons the respondent by means of a notice addressed to the respondent stating where and when the inquiry into the professional conduct will be held and enclosing a charge as formulated by the Investigation Committee.

(2) The notice must be served on the respondent or mailed to him/her at his/her registered address by prepaid registered post, delivery by the sheriff of the Court or if agreed in writing, served by e-mail, provided that receipt of the summons is telephonically confirmed.
(3) If witnesses are summoned at the instance of the respondent the Registrar may require the respondent to deposit a sum of money sufficient to cover the costs thereby entailed, and the Registrar may pay such costs from the amount deposited.

(4) Should the respondent be found not guilty, the full deposit in rule (3) above must be refunded to the respondent.

42. Procedure at Inquiry into professional conduct

(1) In an inquiry into professional conduct held in terms of Section 31 of the Act the procedure must be as follows -

(a) The respondent or, if he/she is not present, his/her legal representative must be asked by the chairperson of the inquiry body to plead guilty or not guilty to the charge and that plea must be so recorded;

(b) If the respondent, or his/her legal representative, refuses or fails to plea directly to the charge, this must be recorded and a plea of not guilty must be entered, and a plea so entered must have the same result as if it had in fact been so pleaded;

(c) The pro forma complainant must be given the opportunity of stating his/her case and of leading evidence in support thereof;

(d) The respondent must thereafter be given the opportunity of stating his/her case and of leading evidence in support thereof;

(e) The inquiry body may, in its discretion, allow further evidence to be led or a witness to be recalled by either the pro forma complainant or the respondent or by both after their cases have been closed;

(f) After the parties have closed their cases, the inquiry body may in its discretion call further witnesses or recall a witness to be questioned by the members of the inquiry body and thereafter by the pro forma complainant and then by the respondent or his/her legal representative;

(g) After all evidence were presented, the pro forma complainant must be allowed to address the inquiry body on the evidence and the legal position;

(h) Thereafter the respondent must likewise be allowed to address the inquiry body, where after the pro forma complainant must be allowed to address the inquiry body in reply;

(i) After the evidence of a witness has been given, the opposing party is entitled to cross-examine the witness, where after the chairperson of the inquiry body may put questions to the witness and allow other members of the inquiry body to put questions to the witness;
(j) Before re-examination, further cross-examination must be allowed arising from questions put by the chairperson and other members;

(k) The person who led the evidence must thereafter be entitled to re-examine the witness, but must confine his/her re-examination to matters on which the witness was cross examined or on which the chairperson or other members put questions to the witness;

(l) If the respondent and his/her legal representative are not present at the inquiry into professional conduct, it must proceed in the respondents’ absence and a plea of not guilty must be entered, unless the respondent has in writing pleaded guilty to the charge against him/her, in which event it must be entered as his/her plea;

(m) All oral evidence must be taken on oath or affirmation by the chairperson of the inquiry body;

(n) Evidence on affidavit may be admissible: Provided that the opposing party may object to such evidence if he/she is not given the opportunity of cross-examining the witness.

(2) Upon the conclusion of a case the inquiry body must deliberate thereon in camera.

(3) If the respondent is found not guilty of the charge against him/her, he/she must be advised accordingly.

(4) The inquiry body may make a finding of not guilty even if the respondent has pleaded guilty.

(5) If the inquiry body has, regarding any charge, determined that sufficient facts have been proved to its satisfaction to support the charge, it must decide whether the charge so supported constitutes unprofessional, improper or disgraceful conduct and it must announce its finding.

(6) If the respondent is found guilty the pro forma complainant must furnish details to the inquiry body of previous convictions of the respondent under the Act, if any and may address the inquiry body and lead evidence regarding a suitable penalty to be imposed.

(7) The witnesses concerned may be questioned by the respondent and members of the inquiry body.

(8) The respondent may thereafter address the inquiry body and adduce evidence in mitigation of the penalty to be imposed and the witnesses concerned may be questioned by the pro forma complainant and members of the inquiry body.

(9) Thereupon the inquiry body must deliberate in camera upon the penalty to be imposed, and the chairperson must then inform the respondent of the inquiry body’s decision regarding the penalty.
43. Accessibility to Inquiry into professional conduct

(1) The proceedings at an inquiry into professional conduct is open to the public, provided that-

(a) Any decision of the inquiry body in respect of any point arising in connection with or in the course of an inquiry may be arrived at in camera;

(b) Any evidence adduced during an inquiry into professional conduct may, on good cause shown, in the discretion of the inquiry body, be heard in camera; and

(c) The inquiry body may, on good cause shown, in its discretion, order that no person may at any time in any way publish any information, which would probably reveal the identity of any particular person other than the respondent.

44. GENERAL

(1) The Council may, on written application, and at its own discretion, grant exemption from the provision of specific Rules.

(2) Any application for exemption from the provision of a specific Rule for the purposes of compulsory veterinary community service must be lodged with the Council, on behalf of the Minister, by the National Director for Compulsory Veterinary Community Service after consultation with the Provincial Coordinators for Compulsory Veterinary Community Service.

45. Reporting of impairment or of unprofessional conduct

(1) A student or veterinary professional must;

a) Report impairment or suspected impairment in another student or veterinary professional to the Council if he/she is convinced that any student or veterinary professional is impaired;

b) Report his/her own impairment or suspected impairment to the Council if he/she is aware of his/her own impairment or has been publicly informed, or has been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment;

if such a level of physical or mental impairment has been identified that the welfare of the patients, the interests of the clients and/or the image of the profession will be compromised.

(2) A student or veterinary professional is obliged to report any unprofessional, illegal or unethical conduct by another student or veterinary professional or para-veterinary
professional, particularly where it involves the employment of unregistered professionals or where an animal’s welfare may be compromised.

46  **Research, development and use of chemical or biological weapons capabilities**

(1) A veterinary professional who is or becomes involved in research, development or use of chemical or biological weapons capabilities must obtain prior written permission from Council to conduct such research, development or use.

(2) A veterinary professional must provide at least the following information when applying for written approval:

(a) Full particulars of the nature and scope of such research, development or use;

(b) Whether the clinical trials pertaining to such research have been passed by a professionally recognised research ethics committee;

(c) That such research, development or use is permitted in terms of the World Medical Association’s Declaration on Chemical and Biological Weapons; and

(d) That such research, development or use is permitted in terms of the applicable international treaties or conventions to which South Africa is a signatory.

47  **Repeal and transitional arrangements**

(1) The Rules relating to the practising of the veterinary profession published on 1 October 1982, as amended from time to time, are hereby repealed.

(2) Any inquiry or review application in terms of the Rules referred to in (1) pending before an Inquiry Body, Council or a High Court immediately prior to the commencement of these Rules must be conducted and finalised under the procedures prescribed by those Rules as if they were not repealed.

(3) Rule 10(12) comes into operation on the date that Government Notice no 609, published in the Government Gazette no 37898 on 7 August 2014, is revoked by notice in the Government Gazette by the Registrar of Medicines in terms of the Medicines Act or any Act it may be substituted with.