DEPARTMENT OF AGRICULTURE

VETERINARY AND PARA-VETERINARY PROFESSIONS ACT, 1982, AS AMENDED
ACT No. 19 OF 1982, AS AMENDED
RULES RELATING TO THE PRACTISING OF VETERINARY PROFESSIONS

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Council has under section 30(1) of the Veterinary and Para-Veterinary Professions Act, 1982 (Act No.19 of 1982) withdrawn the rules relating to the practising of veterinary professions, as published in Government Gazette number 8402, GNR.189, on 1 October 1982, as amended from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

“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 section 23(1)(c) of the Act;

“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, small animals or the epidemiological unit (which may include the adjacent farm) where the material was procured from;

“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 label a medicine for dispensing as result of a prescription or directly by a veterinarian for an individual animal or a group of patients, or as it is replaced by a later definition in terms of the medicines regulations published on 25 August 2017;

“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 17, 18, 19, 20 & 21 and where no invasive surgery may be performed;

“Council” means the South African Veterinary Council;

“epidemiological unit” means a group of animals with a defined epidemiological relationship that share approximately the same likelihood of exposure to a pathogen. This may be because they share common grazing, water, holding or handling facilities or management practices. Usually, this is a
herd or a flock, but it may also refer to groups such as animals belonging to residents of a village, or animals sharing a communal animal handling facility. The epidemiological relationship may differ from disease to disease, or even strain to strain of the pathogen.

“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.

“food-producing animal” is an animal that is utilised for the production of food for human consumption;

“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 the 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, as amended from time to time;

“medicine” means a medicine or veterinary medicine as defined in section 1 of the Medicines Act*;

“Medicines regulations” means the regulations promulgated under the Medicines Act on 25 August 2017;

“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 or locum, 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;

“patient” means an animal, or an epidemiological unit examined and/or treated, operated or consulted on by a veterinary professional in 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 appropriately equipped vehicle to equines, ruminant livestock, wildlife, poultry, pig or aquatic production units;

“products” means animal related products;

“registered facility” means a veterinary facility, including state veterinary facilities, 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;

“research animal facility” means any facility or area where animals may be used, maintained or bred for scientific purposes;

“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*;

“sell” means sell as defined in the Medicines Act*;
“scope of practise” 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 stock remedies as defined in the Stock Remedy Act*;

“unprofessional conduct” means unprofessional, dishonourable or unworthy conduct as set out in rule 4;

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

(i) The veterinary professional has assumed the responsibility for making professional judgments and/or treatment regimens 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 professional 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 clinic” means a veterinary facility where veterinary services are available at selected times, wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalised animals are provided, but patients are not monitored by a veterinary or para-veterinary professional overnight or are monitored intermittently during the night by a veterinary or para-veterinary professional or a lay person;

“veterinary hospital” means a veterinary facility where veterinary services are available at selected times, wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalised animals are provided, and patients are monitored by a veterinary or para-veterinary professional overnight;

“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 veterinary medicine as defined in the Medicines Act*;

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

“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 wildlife as defined in the OIE Terrestrial Code*.
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 for the condition being consulted on;

(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) Diagnosis and treatment with the 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 cooperate 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 and points 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: Intractable 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 or any change in his/her contact details and/or addresses.

(4) Unprofessional conduct is 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 Medicines 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;
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;

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, unless written or oral informed consent is obtained from the client;

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

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;

Failing to adequately supervise his/her staff;

Failure to provide an itemised account when requested to, within the period set out in rule 9(3);

Treating a client in a disrespectful and/or discourteous manner, unless justifiable reasons exist;

Over-servicing a patient;

Incompetence, gross negligence or any form of negligence in the practising of the veterinary profession;

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;

Fraud or dishonesty in making any kind of application or presentation 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;

Back-dating any certificate issued by a veterinarian;

In any way directly or indirectly assisting, allowing or enabling an unqualified person and/or unregistered person to perform professional work for his/her personal financial gain by law only a veterinarian and/or a para-veterinary professional is allowed to perform;

Allowing veterinary students in their pre-clinical years who are registered with Council for purposes of their studies, to perform some or all of the services of the profession they are studying towards, unless under direct veterinary guidance and supervision;
Allowing students, who are studying towards a para-veterinary qualification and who are registered with Council for purposes of their studies, to perform some or all of the services of the profession they are studying towards, unless those students entered the practical part of their course and unless the veterinarian is contracted by the relevant university to oversee the practical part of the students’ course;

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;

Failure to obtain written informed consent from a client, if a veterinarian who has a particular interest in a certain species, discipline, organ or procedure, treats a patient, unless that veterinarian is a registered specialist;

Failure to obtain consent from a client if the veterinarian practices or prescribes complementary, alternative and integrative medicine;

Non-payment after demand of any fee, levy or other charge payable to the Council;

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;

Failure to submit to an inspection of a veterinary facility required by Council;

Failure to provide any records required to be kept in terms of the Medicines Act;

Practising from a facility which is not registered or does not comply with the minimum standards set out in the rules;

Practising outside the scope of registration for a registered facility, unless justifiable reasons exist;

Being convicted of being involved in any criminal or illegal activity, if it relates to the practising of the veterinary professions or is deemed by the investigating committee to bring the profession into disrepute;

Failing to adhere to an agreement pertaining to public-private-partnerships (very serious);

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;

Failing to cooperate, obstructing or delaying an investigation into unprofessional conduct by Council;

Contempt and/or disrespect of Council; and
(xxxvi) Any other conduct which in the opinion of Council constitutes unprofessional conduct.

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 rule 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) All horse passports are regarded as a veterinary certificate and must be fully completed and signed by a veterinarian.
(9) Students and para-veterinary professionals may not sign certificates but may sign a record of vaccination.

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

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

(12) Copies of certificates issued by a veterinary professional must be retained for a minimum period of five (5) years from the date of issuing.

(13) 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).

(14) Laboratory result reports shall contain the minimum following information, as applicable:

(a) dates of collection, receipt and completion of examination of samples as well as date(s) of release of results;

(b) client information and geographical location;

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

(d) climatic conditions on date of collection;

(e) tests performed;

(f) final results and/or diagnosis, if the diagnosis is made by a veterinarian;

(g) further actions and recommendations;

(h) specific method used;

(i) accreditation status, 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;

(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, or ensure that records are kept, including the records required in terms of the Medicines Act, regardless of where the animals were seen, for each animal or group of animals.
(2) Records shall consist of at least diary entries, treatment sheets, and invoices issued and may be in hard copy of electronic form, but must be legible, accurate and permit prompt retrieval of information.

(3) All records, including, but not limited to 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 (5) years from the patient’s last visit, with the exception of ultrasound images where only the findings must be recorded.

(4) The diagnostic and test results, an interpretation thereof and a report on clinical findings must be made available at the client’s request.

(5) 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.

(6) Adequate security arrangements must be made to protect all 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 and protected from viruses and hackers with the necessary software and passwords.

(7) 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.

(8) The principal of a veterinary facility will be responsible for confirming the identity of the attending veterinary professional to Council, at the request of Council. The principal of a veterinary facility will be responsible for providing the records referred to in rule 6(5), at the request of Council or 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.

(9) Should the principal of a facility fail to comply with the provisions of rule 6(8) he/she will be held accountable for any unprofessional conduct arising from such a complaint.

(10) For individual patients, records must contain the following information, 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 or 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.

(11) For all animals treated as a herd or flock – including production animals, wildlife, and equines as applicable - records must contain the following information:

(a) The date or period of the examination or consultation;

(b) Client’s identification;

(c) Species and breed; for wildlife species: sex, age group and/or colour, where possible;

(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; and

(e) Instructions to client in general, if applicable and observations of the abnormal.

(12) For research animal facilities, records must contain the following information for individual animals or groups of animals as applicable:

(a) Animal number, species, breed/strain, gender, age, colour (if relevant), origin and baseline weight;

(b) Animal ethics approval registration number and title of study;

(c) Name and contact details of principal investigator and researcher;

(d) Date and findings of clinical examination on arrival at facility;

(e) Details of quarantine or acclimatization period, and any interventions during this period;

(f) Date of start of experiment and of each procedure(s) performed;

(g) Clinical information for the purposes of continuous care and assessment pertinent to specie;

(h) Type of procedures or treatments performed;

(i) Indication of regular welfare monitoring, as least once daily, with signatures of registered or authorized welfare monitors;

(j) Regular weight checks in accordance with the animal ethics approved protocol;

(k) Date and type of veterinary intervention including clinical signs necessitating treatment, treatment given, date and name of attending veterinarian/para-veterinarian;
(l) Date and time of death indicating, where appropriate, if found dead (FD), died during/soon after procedure (DP/AP), euthanased due to experimental endpoint (EE) or humane endpoint (HE) or if died or euthanased for any other reason (DO);

(m) Records of post mortems and laboratory tests must contain the following information:

(i) Animal identification, species, breed/strain, gender, age, origin of animal, location in facility, and weight at time of sampling/death;

(ii) AEC approval registration number, title of study, Principal Investigator; start date of study, date at time of post mortem/sampling;

(iii) Procedures performed, treatments received and clinical findings prior to post mortem/sampling indicating dates;

(iv) Consumables and reagents including name, batch number, and expiry date;

(v) Laboratory tests performed, type of sample/tissues collected, date taken, date sent to external laboratory (where applicable), date tests completed and the results thereof;

(vi) Gross (macroscopic) findings of post mortem examination; and

(vii) Laboratory results and reports received.

(13) Records for in-house diagnostic laboratory work form part of the patient’s clinical records and must contain the following information, as applicable:

(a) date sample was analysed;

(b) client information;

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

(d) clinical history;

(e) tests performed;

(f) persons performing the analysis;

(g) consumables and reagents including name, batch number, and expiry date;

(h) maintenance records and results of quality control samples;

(i) original findings; and

(j) reports.

(14) For veterinary diagnostic laboratories, the following records must be kept:
(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 as submitted;

(e) tests performed;

(f) personnel doing the preparation, analysis, and signing off;

(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) relevant environmental conditions, and other critical information required by the standard operating procedure;

(k) original findings; and

(l) reports.

(15) All certification needs to comply with the purpose and requirements of the certificate; certification governed by national or international bodies shall comply with the relevant directives so that principles of identification, traceability and biosecurity shall be ensured.

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 or para-veterinary professional, associated with that veterinary professional as a partner, shareholder, employee, employer 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 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.

(d) From entering into a franchise, license or similar agreement where the franchisor, licensor or the like is a non-veterinarian, subject to the following:

   (i) Veterinary income (all income generated by that veterinary facility) had to accrue to the veterinarian and/or persons registered with Council (para-veterinary professionals);

   (ii) Franchise fees or license fees will be deemed a legitimate business expense, even if those fees are linked to a percentage of the turnover in the veterinary facility, provided that no target for turnover to be achieved is set;

   (iii) The agreement must provide that there will be no interference in the running of the practice and/or veterinary decisions and/or what medicines or equipment must be purchased, i.e. standards for practice must be maintained, decision making had to be independent and no over-servicing should occur;

   (iv) The agreement must provide that the agreement is subject to the Act, the regulations promulgated under the Act, the veterinary rules and the Code of Conduct and Practice for the veterinary profession, and that any clause in the agreement that is contrary to the Veterinary and Para-Veterinary Act, its regulations and the rules pertaining to the veterinary profession will be invalid and unenforceable;

   (v) The agreement must be submitted to Council prior to its signature, to vet it against the Act, the regulations and the veterinary rules to ensure compliance with the Act, the regulations and the veterinary rules (no other aspect of the agreement will be vetted, and the veterinarian must obtain legal advice of his/her own accord regarding all other aspects of the agreement); and

   (vi) A copy of the signed agreement/s must be submitted to Council;

   (vii) Any amendments to the agreement/s which may impact on the sharing of fees and/or the autonomy of the veterinarian must be submitted to Council for vetting; and

   (viii) A copy of the signed amendment must be submitted to Council.
8. Business ownership & sharing

(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. This does not prevent a veterinarian from being involved in another business venture in his personal capacity, but his veterinary business must be separated from such ventures by a written, transparent, arms-length agreement.

(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 an applicable veterinary or related 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 and/or stock remedies 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 or stock remedy may hold for –

(a) The animal to which it is administered;

(b) The effect on the environment;

(c) Public health;

(d) The person by whom it is administered;

(e) Concurrent medicine; and/or

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

(2) To chemically immobilise or anaesthetise wildlife, any schedule 5 or 6 medicine to be administered parenterally, must be administered by a veterinary professional personally, or by an animal health technician, a laboratory technologist or a veterinary nurse under direct veterinary supervision, subject to the following:

(a) The animal health technician, laboratory technologist or a veterinary nurse must have had training, and must either be authorised, or an extension of registration must be granted by Council on application;

(b) That the competence of the animal health technician, laboratory technologist or veterinary nurse must be re-evaluated at intervals of approximately three (3) years;

(c) That the veterinarian must be present, either on the ground to deal with administering antagonists and emergencies during any darting procedure, or in the helicopter (it would be up to the veterinarian’s discretion);

(d) That the veterinarian must prepare the requisite number of darts either on the ground or in the helicopter;

(e) The veterinarian must maintain strict control and access to the medicines used, and keep the necessary register as the veterinarian remains responsible for the medicine; and

(f) Notwithstanding the above, it would be the veterinarian’s prerogative to decide whether to do the darting him/herself, or whether to allow a duly authorised animal health technician, a laboratory technologist or a veterinary nurse to perform the darting.

(3) A veterinary professional, animal health technician, a laboratory technologist or a veterinary nurse (the latter three under direct veterinary supervision), may operate a drone to administer any schedule 5 or 6 medicine to wildlife.
(4) Contravention of sub-rules 10(2) and (3) is viewed as very serious unprofessional conduct, which may lead to removal from the register.

(5) 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) Acetyl promazine;
(b) Azaperone;
(c) Diazepam, as a premix only;
(d) Haloperidol;
(e) Midazolam;
(f) Perphenazine enanthate; and
(g) Zuclopenthixol acetate;

(6) 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, including the dangers of using non-registered medicines or medicines that are administered extra label;
(b) The period, if any, during which the products of that animal are to be withheld from human consumption, provided that the veterinarian must be able to justify his/her calculations and advice, in the event of a complaint; 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.

(7) A veterinarian must compound medicines in accordance with regulation 3 of the Medicines regulations published on 25 August 2017;

(8) A veterinarian must at all times be able to justify the use of a compounded medicine;

(9) The veterinarian takes full responsibility for the prescribing and/or administration of any compounded medicine.

(10) When a veterinarian compounds a veterinary medicine, it must be done from a registered facility, unless it is for direct administration to a patient in the field.

(11) A veterinarian may only compound, or have compounded on his/her behalf an autogenous vaccine, subject to the following:
(a) An autogenous vaccine may only be compounded or a prescription for an autogenous vaccine may only be written within a client-patient-veterinarian relationship;

(b) 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;

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

(d) 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;

(e) 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 premises, then an application in terms of section 20 of the Animal Diseases Act (Act 35 of 1985) must be submitted for approval;

(f) 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

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

(12) 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. The veterinarian must advise the client regarding withdrawal times, if any.

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 move 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 or 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 sold;

(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 medicines, which may not be repeated without a re-consultation.

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

(3) 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.

(4) Prescriptions must have a unique number and a copy must be included in the patient record and kept for a period of five (5) years.

(5) 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 (5) 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.

MINIMUM STANDARDS FOR VETERINARY FACILITIES (INCLUDING COMPULSORY COMMUNITY SERVICES)

17. Compliance with rules

(1) Clinical veterinary facilities, excluding the following facilities as contemplated in rules 28, 29, 30, 31, 32 and 33 behavioural consultancy, veterinary laboratory, research animal facilities, animal research facilities (aquatic), facilities for herd health practice, facilities for industry and other consultancies and non-practising facility must comply with rules 17, 18, 19, 20, 21 and 22.

(2) Facilities contemplated in rules 25, 26 and 27 for small animal hospitals/clinics, hospitals for equines and production animals must, in addition to the requirements of rules 17, 18, 19, 20, 21 and 22 comply with those requirements or exemptions as listed under that sub-category.

(3) 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 (5) years and signed by all veterinarians and relevant staff of that facility.

(4) All veterinary facilities must be registered with Council. Should a 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.

18. General structural requirements for clinical veterinary facilities

(1) 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 20(4);
(e) Suitable fire extinguishing apparatus according to relevant legislation must be available; and

(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.

(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.

19. 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 practise.

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

(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, 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.

20. General requirements at a consulting room

(1) A consulting room 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 equipment or laboratory service;

(h) 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;

(i) Have facilities and equipment or access thereto for the hygienic disposal of medical and biological waste;

(j) A dispensary as set out in rule 20(4) should be present at the facility in accordance with the Medicines Act and the Code of Good Pharmacy Practise; and

(k) The consulting room 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 consulting room, 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.

(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, provided that an application for temporary exemption from rule 20(4)(a) may be submitted, which application must be fully substantiated.

(b) 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 sub-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 or veterinary nurse is not present; and

(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.

(c) 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;

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

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

(f) A wash hand basin which may be in another room. must be accessible,

(g) No medicines may be stored on the floor;

(h) Schedule 5 and higher scheduled medicines must at all times be under direct supervision of veterinary professionals and locked away in a safe;

(i) The Medicines Register for specified schedule 5 and schedule 6 medicines kept in terms of regulation 36 of the Medicines Regulations, must be available at the facility at all times;

(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. For this purpose, a logbook must be kept, and the temperatures must be recorded twice a day. This refrigerator must be used only for storing pharmaceutical products; if Schedule 2 – 4 medicines are stored in the refrigerator; the refrigerator must be kept locked when a veterinarian or a veterinary nurse is not present.

(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 name of the medicine or the name of each active ingredient of the medicine, where applicable, or constituent medicine;

(ii) the name of the person to whom such medicine has been sold and a description, as accurate as possible, of the animals for which the treatment is intended;

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

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

(v) the reference number allocated to the sale of the medicine;

(vi) if applicable, a warning “Keep out of reach of children and uninformed persons”;

(vii) if applicable, the withdrawal period of the medicine;

(viii) the date of dispensing; and

(ix) a statement identifying the discipline of medicine, if falling in Category D (A Category D medicine is defined in regulation 9(1)(d) of the Medicines regulations published on 25 August 2017 as complementary medicines intended for or in humans and animals, which are, without further manipulation, ready for administration, including packaged preparations where only a vehicle is added to the effective medicine)

(o) Empty, time expired/or broken containers of medicines must be disposed of as per regulation 44* of the Medicines Regulations;

(p) Records of medicines purchased need to be kept for a period of five (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 pharmacological reference sources, and in the case of compounding, access to protocols for the compounding of medication.

21. 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. 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 factor 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.

22. General requirements for anaesthesia

(1) All animals must undergo a pre-anaesthetic clinical examination, where 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 agents and equipment, provided that a veterinary para-veterinary professional, within his/her scope of practice may administer anaesthesia on the instruction(s)of a veterinarian.

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

(5) Monitoring of recovery from anaesthesia must be effected under the instruction of a veterinary professional.
(6) The same person should preferably not do surgery, monitoring and maintenance of general anaesthesia, unless circumstances dictate otherwise and unless monitoring equipment is available.

(7) 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.

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

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

(10) Storage for all explosives and vessels under pressure, such as gas or oxygen, must be provided for in accordance with the relevant legislation.

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

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

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

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

(15) Active or passive anaesthetic gas scavenging equipment must be in use according to relevant legislation, if applicable.

(16) All anaesthetic equipment must be properly maintained and serviced at regular intervals.

(17) 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 in at least sternal recumbency, unless otherwise discussed and agreed to with the client.

23. Requirements for invasive surgical procedures (Clinics, hospitals, specialist clinics, specialist hospitals or specialist centres only).

(1) The facility (clinic or hospital) 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, ambu-bag 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 the 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 date of sterilisation.

(9) Suitable scrubbing up facilities must be available.

(10) A veterinary professional must be available, or suitable arrangements must be made, to render emergency care for a period of twenty-four (24) hours after the surgery was performed to attend to possible complications.

24. 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 and keep clinical records in terms of the Veterinary and 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 over-boots between premises;

(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 ambu-bag 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 22 & 23 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.

MINIMUM REQUIREMENTS FOR CLINICS/ HOSPITALS/ SPECIALIST CLINICS/ SPECIALIST HOSPITALS/SPECIALIST CENTRES

25. Structural and procedural requirements for small animal hospitals/clinics/specialist clinics/specialist hospitals/ specialist centres

(1) A small animal hospital must comply with rules 17, 18, 19, 20, 21, 22 and 23.

(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 in an animal hospital or specialist animal hospital must be monitored around the clock (24/7) by a veterinary or para-veterinary professional in attendance.

(4) A specialist in a specialist animal hospital is not required to be on duty 24 hours, seven days a week, but a specialist should be available on call in the event of an emergency.

(5) No animals may be hospitalised overnight in a veterinary clinic, unless the client is informed that the patient will not be monitored overnight, or will be monitored intermittently, or will be monitored intermittently by a lay person.

(6) No animals may be hospitalised overnight in a specialist veterinary clinic, unless the client is informed that the patient will not be monitored overnight, or will be monitored intermittently, or will be monitored intermittently by a lay person.
(7) A specialist centre must have at least two registered specialists in different disciplines to be able to register as a specialist centre with Council.

(8) 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.

(9) In the case of an animal hospital, specialist animal hospital or referral veterinary facility or a veterinary facility where advanced surgical procedures are performed, an alternate power supply must be available to allow the veterinary facility to function in the event of a power failure and to meet the requirements of local authorities.

Equine clinics/hospitals

26. Structural and procedural requirements for clinics/hospitals for equines

(1) An animal hospital for equines must, in addition to the requirements of rules 17, 18, 19, 20, 21, 22, 23 and 25 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) 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;

27. Structural and procedural requirements for clinics/hospitals for production animals

(1) An animal hospital for production animals must, in addition to the requirements of rules 17, 18, 19, 20, 21, 22, 23 and 25 and 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 are kept either singly or in groups, must be constructed in such a manner that they provide comfort, 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) 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;

28. Veterinary Behavioural Consultancy

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

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

(b) A separate room that is equipped as a consulting room within an existing veterinary facility (Category B); and

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

The veterinarian in charge of the behavioural facility must be competent in animal behavioural medicine.

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

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.

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) Suitable fire extinguishing apparatus according to relevant legislation must be available;

(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.

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

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

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

The animal behavioural 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 20(4).

(18) To aid in the diagnosis of an animal behavioural problem or to exclude medical causes for animal behavioural disorders 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 for sample collection and analysis.

(19) Should the facility offer euthanasia, the facility must:

(a) Have 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.

(21) Animals will be referred for hospitalisation.

(22) Records must be maintained as per rule 6.

(23) Diagnostic imaging will not be done at the animal behavioural facility.
(24) Surgical procedures may not be performed at an animal behavioural facility.

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

(a) The veterinary behaviour practitioner 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

(ii) A consultation room free from excessive noise or interruptions

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

(b) The veterinary behaviour practitioner must comply with rules 28(14), (15) & (16): General procedural requirements and rule 6 Records at veterinary facilities.

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

a) The veterinary behaviour practitioner must comply with rules 28(14), (15) & (16): General procedural requirements and 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 behaviour practitioner (without the patient);

(iv) Medicines prescribed for behavioural medicine must be stored in accordance with rule 20(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.

**29. 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
(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) Suitable fire extinguishing apparatus according to relevant legislation must be available.

(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) Suitable fire extinguishing apparatus according to relevant legislation must be available;

(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.
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.

30. 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 30.

(2) Where prescribed minimum requirements are not met, an explanation with a motivation and a standard operating procedure (SOP) must be submitted to Council.

(3) A research animal facility must:

(a) Be a permanent structure;

(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;

(b) Suitable fire extinguishing apparatus according to relevant legislation must be available;

(a) 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

(b) 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 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.

(7) 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.

(8) A hygienic environment within the facility.

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

(10) 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.

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

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

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

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

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

   (e) Routine laboratory equipment within the facility, or reasonable access to such a laboratory service must be available;
(f) 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;

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

(h) Have facilities and equipment or access thereto for the disposal of medical and biological waste;

(i) Have facilities for the correct storage of relevant medicines and stock remedies; and

(j) Relevant biosecurity measures must be in place.

(12) Only minor surgical procedures, excluding intra-abdominal, musculo-skeletal, intra-cranial, cardio-vascular or intra-thoracic surgery may be performed in a procedure room unless such procedure room complies with rule 23.

(13) Any procedures or handling of animals must be done with due regard to the welfare of the other animals in the facility.

(14) 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 in a safe 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;

(f) Empty, time-expired or broken containers of medicines must be disposed according to legislation; and

(g) Records of medicines purchased, prescribed, used or destroyed need to be kept in the prescribed manner for a minimum period of five (5) years.

(15) If diagnostic imaging is done, the facility must comply with rule 21.
(16) 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.

(17) 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 be performed 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 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 flammable and/or noxious substances 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 until adequately recovered from anaesthesia.

(18) 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 animals, 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.

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

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

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

(22) Animals 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.

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

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

(25) 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.

(26) Have suitable facilities for aseptic preparation prior to surgery.

(27) Animal rooms or areas in which animals are kept must comply with appropriate animal housing, husbandry and environmental enrichment standards. in accordance with the relevant South African National Standard (SANS) for the care and use of animals.

(28) 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.

(29) 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.

(30) 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 veterinary or para-veterinary procedures on animals must be registered with or authorised by Council;

(d) Records should be kept of all welfare inspections conducted;

(e) All animal research facilities must comply with acceptable animal welfare standards set in the SANS 10386;

(f) Prior to initiating any scientific activities using animals, approval must be obtained from an Animal Ethics Committee, which must conform in composition and operating standards to SANS 10386 and if such activity is defined as health research by the National Health Act, Act 61 of 2003, the Animal Ethics Committee should be registered with the National Health Research Ethics Council (NHREC);

(g) Compliance with the requirements of the Department of Agriculture, Rural Development & Land Reform certification for biosecurity, if required;

(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, Rural Development & Land Reform certification where relevant;

(i) Nature Conservation and other permits where relevant;

(j) Approvals in terms of the Genetically Modified Organisms Act 1997, Act no 15 of 1997 where relevant;

(k) A registered veterinarian should always be available to deal with veterinary emergencies, including after-hours;

(l) Animal health and welfare protocols or SOPs in the facility must be reviewed by a registered veterinarian at appropriate intervals; and
(m) The registered veterinarian who has oversight of animal health and welfare should have access to all animals in the facility at all times.

31. Research Animal Facilities: Aquatic animals

(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 animals and scientific quality are still accounted for. Such SOP must be re-submitted every five (5) years and signed by all veterinarians and relevant staff of that facility.

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

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

(b) Adequate aquariums or holding tanks;

(c) Procedure room or area, as required; and

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

(4) Provision must be made for:

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

(f) 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;

(g) The storage and disposal of carcasses and other waste in a manner, which will ensure that health risks are minimised;

(h) A hygienic environment within the facility.

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

(j) Suitable fire extinguishing apparatus according to relevant legislation must be available;

(k) Be so constructed as to ensure the effective and safe confinement of animals; and

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

(5) Aquariums 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;

(d) Have the necessary life support system to ensure optimal water quality at all times;

(e) Maintain a suitable temperature range consistent to the species housed; and

(f) Be clearly and legibly marked on e.g. cage cards for ease of identification of the animal/s and study with additional information as required to assist in routine monitoring.

(6) A research animal facility for aquatic species 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;

(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; and

(e) The guidelines for the care and management of laboratory animals, as defined in the relevant SANS.

(7) A research animal facility for aquatic species must comply with the following general requirements, where applicable:

(a) Suitable sterilising equipment, or access thereto, which is to be used accordingly for the effective sterilisation of surgical packs and other equipment;

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

(c) Routine laboratory equipment within the facility, or reasonable access to such a laboratory service must be available;
(d) In the case of a research animal facility, 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;

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

(8) Adequate biosecurity measures should be maintained.

(9) Only minor surgical procedures, excluding intra-abdominal, musculo-skeletal, intra-cranial, cardio-vascular or intra-thoracic surgery may be performed in a procedure room unless such procedure room complies with rule 23.

(10) Drawing blood from a caudal vein or the heart is not deemed to constitute a minor surgical procedure.

(11) Any procedures or handling of animals must be done with due regard to the welfare of the other animals in the facility.

(12) 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 in a safe 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;

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

(g) Records of medicines purchased and prescribed or used need to be kept in the prescribed for a minimum period of five (5) years.

(13) If diagnostic imaging is done, the facility must comply with rule 21.

(14) 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 persons administering anaesthesia must be competent in all aspects regarding the use of anaesthetic agents in aquatic species;

(b) The induction, maintenance and recovery from anaesthesia must be recorded in as accurate a manner as possible. Records of such procedures must be kept for three (3) years;

(c) The same person may not do surgery, monitoring and maintenance of general anaesthesia, unless circumstances dictate otherwise and if appropriate measures are in place to safeguard the wellbeing of the animals;

(d) Medical oxygen must be available, and supplied using an oxygen/diffusion stone, during all stages of the anaesthetic procedure, if the duration of said anaesthesia exceeds five (5) minutes;

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

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

(g) Assure that good water quality and temperature is maintained throughout the duration of the anaesthesia, as well as during recovery.

(h) All animals must be monitored after surgery and may only be left unsupervised once adequately recovered from anaesthesia, i.e. all animals must be fully conscious and able to swim.

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

   (i) Use of a surgical table specifically adapted for anaesthesia of aquatic animal is required for in-house surgery. It must be possible to easily clean and disinfected such a table;

   (ii) Use of a suitably disinfected and appropriately designed system to control fish when performing surgery during field work;

   (iii) It must be possible to adequately oxygenate the water used for irrigating gills in fish during surgery;

   (iv) Adequate irrigation of the gills in fish must be ensured. This can be either electrical of mechanical;

   (v) Have an adequate light source;
(vi) The operating room must be of adequate size and there must be an adequate supply of equipment and instruments at all times;

(vii) There may be no thoroughfare through an operating room during the procedure;

(viii) Acceptable aseptic conditions must be maintained in the operating room or in the field setting:

(ix) 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; and

(x) Suitable scrubbing up facilities must be available.

(16) Appropriate environmental enrichment programmes for all species, including hiding space where relevant, must be available.

(17) A research animal facility for aquatic species must comply with the following ethical and additional standards:

(i) Access control must be in place to restrict access to authorised personnel only;

(ii) Adequate bio-exclusion and bio-containment protocols and standards must be in place;

(iii) All personnel performing veterinary or para-veterinary procedures on animals must be registered with or authorised by the Veterinary Council, with sufficient numbers of registered veterinary and registered para-veterinary professionals available to supervise all authorised personnel adequately;

(iv) Animal welfare must be guaranteed in accordance with the relevant SANS, or in the absence of a specific SANS, the internationally accepted standard;

(v) Welfare inspections must be conducted at appropriate intervals by recognised animal welfare organisations with deficiencies addressed adequately and timeously.

(vi) Prior to initiating any scientific activities using animals, approval must be obtained from an Animal Ethics Committee, which must conform in composition and operating standards to SANS 10386 and if such activity is defined as health research by the National Health Act, Act 61 of 2003, the Animal Ethics Committee should be registered with the National Health Research Ethics Council (NHREC).

(vii) The Animal Ethics Committee must include a veterinarian familiar with aquatic species, or co-opt such a veterinarian, when aquatic species are considered.

(viii) Compliance with the requirements of the Department of Agriculture, Rural Development & Land Reform certification for biosecurity, if required;
(ix) 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, Rural Development & Land Reform certification where relevant;

(x) Nature Conservation and other permits where relevant;

(xi) Approvals in terms of the Genetically Modified Organisms Act 1997, Act no 15 of 1997 where relevant;

(xii) A registered veterinarian should always be available to deal with veterinary emergencies, including after-hours;

(xiii) A registered veterinarian should regularly review animal health and welfare protocols or SOPs in the facility, including the identification and management of animals in pain, suffering, distress or lasting harm; and

(xiv) The registered veterinarian who has oversight of animal health and welfare should at all times have access to all animals in the facility.

32. Facilities for Herd Health Practice: Ruminant, Wildlife, Poultry, Pigs & 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 20(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 24(2)]

(i) Have a laboratory for basic diagnostic procedures, including microscope, refractometer, glucometer 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 thereof to enable the making of sound decisions based on scientific knowledge;

(l) Have a post mortem area (or access to one);

(m) If post mortems are performed at the facility or in the field or on a farm the following must be in place:

(i) All surfaces in the post mortem area must be of such a nature that they can be properly cleansed and disinfected [relevant for the facility only];

(ii) The drainage and washing water from the post mortem area must run into an adequate sewer and/or septic tank and must comply with the requirements of local authorities (if post mortems are performed in the field, then adequate precautions within the veterinarian’s discretion should be taken);

(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, 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,

(vi) All personnel (at the facility or in field circumstances) must be instructed/trained in the safe handling of carcasses and the danger of zoonotic diseases.

(n) All personnel at the facility or in the field must be trained in aseptic techniques.

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

(p) The veterinary facility must have a direct public entrance.

(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 off-road 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 thermometer that can keep all pharmaceuticals at the correct temperatures;

(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) 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;

(j) 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;

   (viii) Adequate medicine; and

   (ix) The safe for schedule 5 & 6 [and above] medicines must be bolted to the undercarriage of the vehicle.

(3) During the handling and use of any immobilising agent the following safety measures must be in place to prevent accidental exposure:

   (a) A modus operandi should be in place to speedily transfer people exposed to potentially dangerous medicines to a medical facility;

   (b) The veterinarian should at all times carry on him/her the appropriate antidote as well as at least two appropriate needles and syringes;

   (c) At least one or more of the assistants/bystanders should be informed on the identification of the container holding the appropriate antidote, dosage of the antidote and the route
of injection of the antidote;

(d) At least one person other than the veterinarian should carry on him/her the appropriate antidote, needles and syringe; and

(e) Ensure the availability of an ample supply of water for immediate washing in case of spilling.

(4) When administering anaesthesia to wildlife, the provisions of rule 22 must be complied with to the extent possible under the prevailing circumstances.

33. 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 20(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 over boots between premises;

(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.

34. Non-practising facility

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

(a) Be registered with Council in this category;

(b) Have a dispensary in accordance with rule 20(4), if applicable;

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

(d) Have refrigeration facilities for biologicals if applicable;

(e) 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

(f) Have access to the relevant scientific and/ or legislative information resources necessary.

(2) 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.

**PROCEDURE AT INQUIRIES INTO PROFESSIONAL CONDUCT**

35. **Lodging of complaints**

1. 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.

2. No complaint which is submitted more than twelve (12) months after the date on which the complaint arose, will be considered.

3. A person who submits a complaint more than twelve (12) months after the date on which the complaint arose may apply for condonation of the late submission of the complaint to the Investigation Committee.

4. The application for condonation must be substantiated.

5. The decision of the Investigation Committee regarding the condonation application is final.

6. No complaint will be considered, unless the account of the veterinarian against whom the complaint is filed, is fully paid.

7. No complaint regarding the fees charged by a veterinarian will be considered, unless fees are charged for services not rendered or if fees are duplicated.

8. The Registrar may, in his/her discretion, request that the complaint be mediated, if both parties to the complaint agree to such mediation.

9. If the mediation is successful, the complaint file will be closed.

10. If the mediation is not successful, the complaint must be investigated and considered by the Investigation Committee.

11. Information provided by the respondent during a mediation, must be kept confidential.

36. **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 answering affidavit, it must be submitted to the complainant, who has the right to file a replying affidavit within ten (10) working days of receipt of the answering affidavit.

(7) A copy of the replying affidavit must be submitted to the respondent.

(8) On receipt by the Registrar of a replying affidavit, a bundle of all the documentation submitted must be collated for consideration by the Investigation Committee.

(9) If no answering affidavit is received, the Registrar must report this to the Investigation Committee, who may then consider the complaint on the evidence available to it.

(10) The Registrar or the investigation committee may at any stage cause further investigation to be made or request any additional documentation or evidence to be submitted.

(11) 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.

(12) If the 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 see fit and report such action to the Council.

(13) 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. The Council’s decision is final.

(14) Excluding criminal acts and gross misconduct, investigations should centre around the main complaint.

(15) If the main complaint is not substantiated, and peripheral misconduct is evident, guidance should be provided as to how to deal with it (correct the behaviour), subject to sub-rule (14).

(16) If it appears to the 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.

(17) If it appears to the Investigation Committee that a complaint can be mediated, it may request the Registrar to arrange for a mediation.
37. 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 approved 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.

(5) The administration must prepare a bundle of documents and a list of witnesses to be utilised at the inquiry which must be submitted to the respondent or his/her legal representative ten (10) working days prior to the date of the inquiry.

(6) The bundle of documents will be submitted to the Inquiry Body at least three (3) working days prior to the date of the inquiry to facilitate the process at the inquiry.

(7) The respondent and/or his/her legal representative must submit any additional documents to be utilised at the inquiry and a list of witnesses to be called to the administration within three (3) working days of receipt of the bundle of documents, failing which no further documentation may be admitted into evidence or further witnesses called, unless approved on application by the Inquiry Body. Adequate reasons for failing to submit the documents in the discovery process or advising of the witness to be called must be provided to the Inquiry Body.

(8) Should a respondent object to the submission of the bundle of documents to the Inquiry Body, the respondent must object in writing and must give reasons for the objection.

(9) Should the Registrar deem it necessary due to the complexity of a complaint, a pre-inquiry meeting must be held between the pro forma complainant and the legal representative of the respondent or the respondent in person to agree on common cause facts and facts in contention, as well as which points in limine are to be argued.

38. 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) The witnesses concerned may be questioned by the respondent and members of the inquiry body. The members of the enquiry body are not restricted to questions for purposes of clarification only.

(o) 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 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.

(8) 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.

39. 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 must 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;

(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, and

(d) The inquiry body may order any person who creates a disturbance or obstructs the process at the inquiry, to leave immediately.
40. 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.

41. 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 or para-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.

42. 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.
43. Repeal and transitional arrangements

(1) The rules relating to the practising of the veterinary profession published on 9 November 2015 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.

Reference list:

Definitions contained in the Medicines Act

“medicine” means

(a) any substance or mixture of substances used or purporting to be suitable for use or manufactured or sold for use in –

(i) the diagnosis, treatment, mitigation, modification or prevention of disease, abnormal physical or mental state or the symptoms thereof in humans; or

(ii) restoring, correcting or modifying any somatic or psychic or organic function in humans, and

(b) includes any veterinary medicine;

[Definition of “medicine” substituted by section 1(d) of Act 17 of 1979, by section 1(f) of Act 72 of 2008 and section 1(g) of Act 14 of 2015]

“sell” means sell 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;

“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;

[Definition of “veterinary medicine” added by section 1(h) of Act 17 of 1979]

Regulation 3 Medicines regulations

(3) No medicine may be compounded by a pharmacist or other person licensed in terms of section 22C(1)(a) of the Act to compound a medicine for sale –

(k) to circumvent the provisions of section 14 of the Act;
(l) which has been declared undesirable in terms of section 23 of the Act;
(m) for the purpose of growth promotion or performance enhancement;
(n) for the purpose of administering to food-producing animals if-
   (i) Maximum Residue Limits (MRL); and
   (ii) appropriate withdrawal times have not been established;
(o) for use by a patient not under the professional care of an authorised prescriber or pharmacist;
(p) for purpose of export; or
(q) unless the compounding thereof is performed in accordance with good practice as determined by the Authority.

Regulation 44.
(1) A medicine or scheduled substance shall only be destroyed by a waste treatment facility authorised to destroy medicines or pharmaceutical waste in terms of the National Environmental Management: Waste Act, 2008 (Act No. 59 of 2008).

(2) No medicines or scheduled substances other than those as determined by the Authority shall be disposed of into municipal sewerage systems.

(3) The destruction or disposal of medicines or scheduled substances must be conducted in such a manner to ensure that the medicines or scheduled substances cannot be salvaged, and the medicine or scheduled substance has been denatured.

(4) A Schedule 0 medicine or Schedule 1, 2, 3 or 4 substance or medicine must be destroyed at a site in terms of sub regulation (1) and such destruction must be certified as determined by the Authority.

(5) A Schedule 5 or 6 substance or medicine shall be destroyed in terms of sub regulation (1) in the presence of-
   (a) an inspector;
   (b) a pharmacist; or
   (c) any other person authorised by the Chief Executive Officer.

(6) A Schedule 7 or 8 substance or medicine shall be destroyed in terms of sub regulation (1) in the presence of-
   (a) an inspector;
   (b) two pharmacists; or
   (c) any other person authorised by the Chief Executive Officer.

(7) The waste treatment facility shall issue a certificate and maintain a record of the destruction contemplated in sub regulations (4), (5) and (6) which shall contain the following information:
   (a) the name of the medicine or scheduled substance, if known; or the schedule of the medicine or scheduled substance concerned;
(b) the quantity destroyed;

(c) the date of destruction of the medicine or scheduled substance;

(d) the name and designation of the person in whose presence such destruction took place; and

(e) any other information as determined by the Authority.

Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, Act 36 of 1947

“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;

[Definition of ‘stock remedy’ inserted by section 1 (g) of Act 60 of 1970 and substituted by section 1(m) of Act 24 of 1977]

OIE Terrestrial Code

“wildlife” means feral animals, captive wild animals and wild animals; a feral animal is an animal of domesticated species that now lives without direct human supervision or control. Or any such definition as it may be replaced with by the OIE.

Guidelines to be drafted

1. Informed consent

   (a) 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.

   (b) Autogenous vaccines- Vet must give prescription to make autogenous vaccines. Efficacy must be tested.

   (c) The dangers of using non-registered medicines or medicines that are administered extra label.