South African Veterinary Council  
Veterinary Clinical Facilities  
Application for Exemption from compliance with the Minimum Requirements for Facilities  
Contact: Tel: (012) 324 2392 Fax: (012) 324 2394 E-mail: savc@intekom.co.za Website: www.savc.co.za  
P O Box 40510, ARCADIA, 0007  

PLEASE COMPLETE IN DETAIL ALL SECTIONS (A, B & C) OF THIS APPLICATION FORM AND INCLUDE THIS FORM WITH YOUR APPLICATION.  
(It may take up to 2-3 months to process your complete application as it is submitted to a sub committee)  

INFORMATION NOT SUPPLIED WILL MAKE THE APPLICATION INVALID  

Section A: Criteria for exemption  

1. Motivation: Did you show a clear need for the veterinary service and for the community that you intend to serve?  
2. Did you attach the motivation in 1 above to your application?  
3. Did you obtain input and support (in writing) from private practitioners servicing the area on your application for exemption, having informed your colleagues on the details of your application? For example written confirmation that a colleague will provide a back-up service if you are not available during normal hours/ or a back-up service to perform advanced surgery if you are only performing minor procedures (non-invasive).  
4. Did you attach the written input and support in 3 above to the application?  
5. Did you indicate the period of time for which you are requesting exemption?  
6. Is this your first application? If no, indicate in your written application (motivation) for extension to comply with the minimum requirements, the number of applications submitted and the period (dates) for which you were exempted.  
7. During completion of your application did you consider the welfare of the patient and the quality of veterinary services and can you confirm that these two aspects will not be compromised? For example if you are only performing minor surgery do you have oxygen and endotracheal tubes available?  
8. Are you requesting exemption for any other requirements than for equipment /structural requirements that cannot be complied with? For example exemption from providing a 24-hour service.  
9. If the answer in 8 above is yes- Did you provide the full details of the requirements in your application?  

Section B: List the details of equipment /structural requirements for which exemption is applied for  
(ONLY USE THE NUMBERS AND WORDING AS PER THE FACILITY CHECKLIST)  
Add to list on a blank A4 page if required  

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  

Section C: - Only if all questions are answered in the affirmative will the application be considered.  
i. Did you complete section A of this form?  
ii. Did you meet all the requirements for application as per section A?  
iii. Did you complete section B of this form?  
iv. Did you provide the full details in section B?  
v. Including this form how many pages does your application consist of?  

I, Dr ________________________________Registration number:_______________  

Confirm that the application is complete  

Signed ____________________________on this_________ __day of __________  

Name of Facility: ______________________________________________________  

Did you sign and date this application?