

SPCA INSPECTORS: CHECKLIST APPROVAL FOR EUTHANASIA WITH VET SUPERVISION

PLEASE NOTE THAT:

If all requirements for the application are not met and/or included with the application then the application will not be processed, but will be returned and be regarded as invalid. This form was prepared for easy reference to the requirements for application. The form must be completed and it must be ensured that all relevant documents are included with the application.

Send to:

All SPCA branches: The Manager: NSPCA, P O Box 1320, Alberton, 1450 Fax: (011) 907 4013

Number of Pages: _____

SPCA INSPECTOR : _____

SPCA MANAGER: _____

Applying on behalf of the SPCA Inspector

	YES	NA
1. The AWO is a non profit organisation with a fund raising number NUMBER:		
2. The AWO has at least one veterinarian (in its employ, service, contract): DETAILS:		
3. The AWA will work under direction of the veterinarian referred to in 2 above _____ OR under direction of _____		
4. The SPCA Inspector will euthanase with veterinary direction/ supervision		
4.1 an application;		
4.2 confirmation of competency to perform euthanasia, to handle and store the relevant medicine and understanding of the importance thereof. (i.e assessed by a designated veterinarian); (Re-evaluation (assessment) of the competence of AWAs need not be conducted when an AWA change employer (AWO) within the three year period of authorization.)		
4.3 confirmation of appointment as an inspector in terms of Act 169 of 1993;		
4.4 a motivation setting out the particular need for euthanasia in the area.		
4.5 Copy of an advertisement (SAVC Newsletter/ relevant publication) for para-veterinary target groups (not older than 6 months) (<u>Refer to the Advertising Guidelines</u>)		

4.6 Proof that a para-veterinary professional could not be employed		
5. Complete the facility registration number at or from (mobile service) which the service is rendered: FCO.../... FCL.../... FH.../...		
6. List the species on which the euthanasia will be performed: AWA was assessed for Euthanasia assessment form attached (<u>Form D</u>)		
7. List the scheduled medicines that will be used: (<u>Refer to the Guideline for the use of Medicines</u>) This portion MUST be completed by the veterinarian who takes responsibility for the medicines together with the <u>Form C</u> attached.		
8. Provide the reasons for the need to use the medicines:		
9. Attached proof that local, state and private veterinarians have been made aware of the application with respect to the understanding of Act 101 of 1965.		
10. Written support from at least two veterinary private practitioners in the same area		
11. Written support from the State Veterinary services responsible for the area		
12. Included is a <u>certified copy</u> of the MRA permit to keep scheduled Medicines <u>(if applicable)</u> ! <i>If you still need to apply for a MRA permit then it is required that you apply and that the MRA submits the application to the SAVC for approval (<u>Refer to Guidelines for dealing with applications for MRA Permits</u>)</i>		
13. Signed: Manager: _____ Supervising / directing veterinarian: _____ Date: _____		

* MRA =Medicines Regulatory Authority (Act 101 of 1965)