

**SPCA INSPECTORS: CHECKLIST APPROVAL FOR EUTHANASIA WITHOUT 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

		YES	NA
1. The AWO is a non profit organisation with a fund raising number NUMBER:			
2.1 Included is a motivation setting out the reasons why there is a lack of a supervising / controlling veterinarian			
2.2 Proof that all the veterinarians in the area were contacted but declined to assist with supervision of euthanasia			
3. Included in this application are:			
3.1 an application;			
3.2 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.)			
3.3 confirmation of appointment as an inspector in terms of Act 169 of 1993;			
3.4 a motivation setting out the particular <u>need</u> for euthanasia in the area.			
3.5 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>)			
3.6 Proof that a para-veterinary professional could not be employed			
4. List the species on which the procedure/s will be performed:			

<p>5. List the scheduled medicines that will be used: (<u>Refer to the Guideline for the use of Medicines</u>)</p>		
<p>6. Provide the reasons for the need to use the medicines:</p>		
<p>7. Written support from at least two veterinary private practitioners in the same area</p>		
<p>8. Written support from the State Veterinary services responsible for the area</p>		
<p>9. Included is a <u>certified copy</u> of the MCC permit to keep scheduled Medicines <u>(if applicable)</u></p>		
<p>Signed:</p> <p>Manager: _____</p> <p>Supervising / directing veterinarian (if applicable): _____</p> <p>Date: _____</p>		