

SOUTH AFRICAN VETERINARY COUNCIL

THE CONTROLLING VETERINARIAN

P O BOX 40510
ARCADIA
0007
874 CHURCH STREET
LISDOGAN PARK
ARCADIA
0007
TEL: (012) 342 1612
FAX: (012) 342 4354
authorise@savc.org.za
www.savc.co.za
REGISTRAR: H. KRUGER

OUR REF: VC/7/B/1

APPLICATION FOR AUTHORISATION IN TERMS OF SECTION 23(1)(C) OF THE VETERINARY AND PARA-VETERINARY PROFESSIONS ACT, ACT 19 OF 1982

Kindly read and complete paragraphs 1-3.6 to enable us to submit the application to Council for a decision:

Details	Yes
1. I, Dr _____ the undersigned veterinarian, confirm that I will be the <u>controlling</u> veterinarian for the following animal welfare assistant who is applying for authorisation in terms of Section 23 (1)(c) of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982.	
2. _____ Name of applicant Name of employer (organisation)	
3. I confirm the following: 3.1 The level and frequency of supervision / direction I will provide will entail: Kindly tick applicable block/s: Continuous supervision, vet on same premises full-time Intermittent supervision at least once a day, vet on same premises full-time Intermittent supervision at least 3x a week, vet not on same premises full-time Direction: at least telephonic contact for all cases requiring more than primary health care, i.e. case-by-case Direction: regular telephonic or face-to-face contact, not case-by-case Please indicate how often contact is established Direction: intermittent, not case-by-case Please indicate number of contacts per month on average	
3.2 The location / area where the AWA / applicant will perform his / her functions _____ Mobile unit YES / NO (delete if not applicable)	
I confirm that I am the Principal Veterinarian at the following facility / facilities: Facility Name: _____ Registration number: _____ Signature: _____	
3.3 I am satisfied that the applicant is able to perform the standard AWA procedures.	
3.4 I have seen the list of medicines the AWA intends to use and the reasons for such use and I am satisfied that such use is reasonable and within the capabilities of the AWA. I confirm that only Schedule 1 and 2 drugs may be used by the applicant without my specific instruction. Schedule 3 and 4 drugs will only be used by the AWA on my case-by-case instruction. The AWA will not use any Schedule 5 and 6 medicines with the exception of pentobarbitone for the purpose of euthanasia, if authorised for euthanasia.	
3.5 In the case of authorisation to euthanase I am satisfied that the AWA is competent to handle and store the relevant medicine responsibly and understands the importance thereof. (delete if not applicable)	
3.6 I undertake to monitor the record-keeping by the AWA of all procedures performed and scheduled medicines used, in line with the relevant legislation.	

Controlling Veterinarian Registration number Signature Date	