

APPLICATION TO REGISTER A NEW VETERINARY FACILITY, CHANGE OF FACILITY PRINCIPAL & INSPECTION PURPOSES

PLEASE TAKE NOTE

1. All veterinarians who render veterinary services, must do so from a facility registered with the SAVC (Council).
 2. For a veterinary facility to be registered with Council, it must comply with set minimum standards stipulated in the rules for that specific category. These standards are described in Rules 18 - 35 of the rules relating to the practising of veterinary professions.
 3. To assist you in ensuring that your facility complies with these minimum standards, it is required that you conduct a self-evaluation of the facility and submit the completed form with your application for registration of your facility.
 4. When doing the self-evaluation, please -
 - a. Complete the applicable Self-evaluation form for the category of facility you are applying to register.
 - b. Refer to the Minimum standards required for facilities applicable to the facility (Rules 18 - 35) that you intend to register during this self-evaluation.
 - c. In the event that your facility does **not** meet the standards as described you may, in terms of Rule 44 (1), apply for exemption from compliance with the rules. **If applicable**, motivate clearly in a written submission why, and what rules you wish to be exempted from. Please note:
 - The welfare of the patient and the quality of veterinary services should not be compromised; and
 - Exemptions will be limited to equipment /structural requirements that cannot be complied with or can be complied with within a certain period.
 - d. **Routine inspections – please complete** a new application form and minimum standards check list. The forms must be signed in front of a **Commissioner of Oaths** and returned to **the SAVC at least seven [7] days before the inspection date**. We do understand that the completion of forms will take some time to complete, this is however required as the old forms **are not aligned** with the current legislation.
- Please list the services or functions** that you render from this facility. The list should be detailed to ensure that the Inspections Committee is able to gauge whether exemption can be granted having insight into the nature of the services you render.
5. Included are:
 - a. The application form;
 - b. Annexure A (Minimum Standards as per the checklist); and
 - c. Annexure B (Application for evaluation of a veterinary facility for purpose of accreditation).

PLEASE NOTE:

Any dishonesty in the completion of this form is considered a serious offence.

APPLICATION FOR REGISTRATION OF A VETERINARY FACILITY

1. I, Dr _____, with SAVC registration no. _____, hereby declare under oath that I apply for the **registration** of a facility in terms of Regulation 2(1) of the Regulations relating to the registration of veterinary facilities, read with Rule 4(e)(vi), relating to the Practising of Veterinary Professions, as indicated in the relevant category below, that the facts contained in this affidavit fall **within my personal knowledge and are both true and correct**:

Please indicate the type/s of facility/ies applied for (see definitions on p. 6)

i.	Consulting Room (Rule 18 - 21) (No invasive surgery may be performed from a consulting room, unless rule 24 is complied with)		vii.	Behavioural Consultancy (Rule 30)	
ii.	Hospital/Clinic (Rule 18-24 & 27)		viii.	Veterinary Laboratory (Rule 31)	
iii.	Mobile animal services (Rule 25)		ix.	Animal Research facility (Rule 32)	
iv.	Compulsory Veterinary Community Service facility (Rule 26) OR		x.	Herd Health Practice: Production Animals (Rule 33 A)	
	Regulatory Service facility (Rule 26)		xi.	Herd Health Practice: Wildlife (Rule 33 B)	
v.	Equine Hospital (Rule 18-23 & 28)		xii.	Consultancy (Rule 34)	
vi.	Production Animal Hospital (Rule 18-23 & 29)		xiii.	Non-practicing facility (Rule 35) (Services rendered to own animals only, and not to the public as a source of income)	

2. **Physical Address of Facility:** _____

3. **GPS Coordinates of Facility:** _____

4. **Postal Address of Facility:** _____

5. **Contact details of principal and/or the facility (kindly distinguish between personal/private contact details and contact details available to the public):**

		Please distinguish between details available to the public and private contact details	
		Public	Private
Landline number of facility:			
Mobile number of the facility:			
Mobile number of the Principal:			
E-mail address of the facility:			
E-mail address of the Principal:			
Fax number of facility/Principal:			

Please initial each page:

Signatory (Principal)	
Commissioner of Oaths	

6. **Naming of facility.**

Insert facility name of choice: _____

To ensure that names are not duplicated in the same geographical area please request an existing list of facility names from the administration. The reason for this is to avoid service and delivery confusion.

*Old Rule 19(4) below, fell away.

“(19) (4) The Council may, on application, approve that such words as the Council may in each case determine, be used on an identification board together with the applicable words referred to in rule 19 (2)(a) or 19 (2)(b) as the case may be, as the name of the veterinary facility concerned.”

7. **The following veterinary services and procedures will be rendered by/conducted at this facility (e.g. diagnostic laboratory services rendered by an Educational/Research Institution to the public):**

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8. **I DECLARE THAT:**

- A. As far as I am aware the name is not being used by any other practice and **is not of such a nature that it can be confused with other names, which are in use.**
- B. The ownership of this veterinary facility resides with (indicate with an **X**):

		X	Comments/Notes
i.	Me, I am the sole proprietor	<input type="checkbox"/>	
ii.	The facility forms part of a Close Corporation	<input type="checkbox"/>	
iii.	The facility forms part of an Incorporated Company	<input type="checkbox"/>	
iv.	The facility is a State-owned facility	<input type="checkbox"/>	
v.	The facility is an Animal Welfare Organisation (Non-profit organisation) – please attach constitution	<input type="checkbox"/>	
vi.	The facility is owned by an Educational (Research) Institution	<input type="checkbox"/>	
vii.	(Pty) LTD IS NOT ALLOWED. (The Act does not make provision for a (Pty) LTD)		

- C. The abovementioned facility for which I apply for registration has been run by myself/our practice since _____ (date).

Please initial each page:

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D. All owners; shareholders; and/or directors and/or members of the practice, incorporated company or close corporation are registered with the SAVC and a list, with their full names, SAVC registration numbers and appointment dates, is attached.

YES	NO
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E. The physical facility complies with the minimum standards laid down by the SAVC in the applicable rules relevant to the category indicated in par 1 above, as indicated in the attached self-evaluation form, which completed form, forms an integral part of this application and which is initialled for identification purposes (indicate your decision with an X):

YES	NO
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If you answered NO in e) above, please note point f):

F. I have applied for exemption from the minimum requirements applicable to the category of facility indicated in par 1, in my letter of motivation which is [attached hereto](#).

G. I confirm that I am CPD compliant.

YES	NO
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H. The abovementioned facility for which I apply for registration is/will be ready for inspection by an inspector appointed by Council, by the _____ (date) and will be opened on _____ (date).

Refer to the Annexure B **Application for Evaluation of a veterinary facility** annexed in this document and **to be completed by the principal of the facility.**

I. I am in employment (e.g. Industry, Animal Welfare, Public Service, etc.) other than at this facility, for which I make this application for registration (indicate your answer with an X):

YES	NO
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If YES, please complete paragraphs J-M below:

J. The nature of my employment indicated in i) above is on the following basis (indicate your decision with an X):

FULL TIME	PART TIME
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K. I have permission from my employer/s to perform (indicate with an X):

Emergency treatment during work hours	YES	NO
Veterinary treatment during after-hours	YES	NO
Weekend work	YES	NO

L.

(i) The contact details of my employer/s is/are indicated below including the name of the employing entity,

Please initial each page:

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(ii) the name and contact details of your employer/manager/immediate supervisor:

If you answered YES to item L above:

M. I am aware that the permission indicated in item K above will be subject to verification during a forthcoming routine facility inspection by the SAVC.

9. Is this a change of ownership including the current movables (all equipment)?

a.

YES	NO
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OR

b. If the goodwill was purchased **excluding current equipment**, then the application is regarded as a **new application**. Is this a new application?

YES	NO
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(Kindly note that should the premises of the facility change then a complete new registration of facility should take place.)

c. Is this an existing facility taken over by a new principal?

YES	NO
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If YES, please complete the portion below:

TRANSFER OR AMENDMENT OF THE REGISTRATION OF A VETERINARY FACILITY (Where the physical address has not been changed but where a new principal took over)

I, (full name) _____

SAVC Registration no: _____

In my capacity, as:

- New Principal
- Managing member of a Close Corporation
- Director of an Incorporated Company

REQUEST:

A. TRANSFER OF PRINCIPAL OF THE FACILITY

Current name of the facility: _____

Please initial each page:

Signatory (Principal)	
Commissioner of Oaths	

SAVC Registration number: _____

Name of Previous Principal and/or Owner: _____

(Included is written confirmation by the previous principal)

B. AMENDMENT OF REGISTRATION

UPGRADE from Consulting Room to Clinic/Hospital, or

DOWNGRADE to a Consulting Room

- 10. Should I retire from the practice or should the facility close or change ownership, I undertake to inform the SAVC thereof by e-mail **within thirty (30) days** of such an event and to confirm receipt of the e-mail with the administration within three days of sending such e-mail.
- 11. I accept that the SAVC through an authorised person has the right to inspect my/our facility at any reasonable time.
- 12. I accept that the SAVC may at its discretion, but on condition that I am informed of the reasons, decide not to register this facility or withdraw the registration or suspend the registration thereof.
- 13. I Dr _____ will immediately inform the SAVC should I change the services and/or type of practice and I will apply for registration of a particular facility to ensure that the facility complies with the requirements / minimum standards for the particular service/s I intend to render; and I will immediately apply for exemption should the facility not comply with the requirements or minimum standards for the particular service I intend to render

SIGNATURE OF PRINCIPAL

DATE

TO BE COMPLETED BY A COMMISSIONER OF OATHS:

THIS SIGNED AND SWORN TO BEFORE ME AT _____ THIS THE ___ DAY OF _____ 20____, THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE* KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, THAT HE/SHE* HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH AND THAT HE/SHE* CONSIDERS THE PRESCRIBED OATH/SOLEMN AFFIRMATION* TO BE BINDING ON HIS/HER* CONSCIENCE, AS REQUIRED BY GOVERNMENT GAZETTE NOS. R1258 OF 21 JULY 1972 AND R1648 OF 19 AUGUST 1977.

COMMISSIONER OF OATHS

FULL NAME AND SURNAME OF COMMISSIONER (in block letters)

BUSINESS ADDRESS OF COMMISSIONER: _____

DESIGNATION: _____

AREA: _____

Please initial each page:

Signatory (Principal)	
Commissioner of Oaths	

DEFINITIONS

“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;

“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;

“Invasive surgery” means surgery that is performed intra-abdominally, intra-cranially, intra-thoracically, musculo-skeletally or of the cardio-vascular system;

“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, but requires access to Act 101 medicines for use solely on his/her own animals;

“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 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 equipped vehicle to ruminant livestock, wildlife, poultry, pig or aquatic production units;

“Registered facility” means a veterinary facility which complies with the minimum standards as applicable to the category of service rendered there, and is registered with Council;

“Research animal facility” means any facility or area where animals may be used, maintained or bred for scientific purposes, including for research, testing, teaching, validation, production or observation;

“Veterinary hospital/clinic” means a veterinary facility where veterinary services are available at selected times and wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalised animals are provided;

“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;

“Wildlife” means all non-domesticated species of animals, whether free-living or kept in captivity.

Please initial each page:

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Commissioner of Oaths	

ANNEXURE A:

MINIMUM REQUIREMENT CHECKLISTS

The completion of the relevant minimum requirements checklist/s should be based on the type of facility registered in your name and should reflect the **current status** of your facility's compliance with the minimum standards for facilities. Please click on the most appropriate link after perusal of the relevant rules as per [this link \(p61-p103\)](#):

- ❖ [Rule 18-24 \(Clinical Veterinary Facilities\)](#);
- ❖ [Rule 25 \(Mobile Animal Services\)](#);
- ❖ [Rule 26 \(Compulsory Veterinary Community Service \[CCS\] and Regulatory Service Facilities\)](#);
- ❖ [Rule 27 \(Small Animal Hospital / Clinic\)](#);
- ❖ [Rule 28 \(Equine Hospital / Clinic\)](#);
- ❖ [Rule 29 \(Production Animal Hospital / Clinic\)](#);
- ❖ [Rule 30 \(Veterinary Behavioural Consultancy\)](#);
- ❖ [Rule 31 \(Veterinary Laboratory Facilities\)](#);
- ❖ [Rule 32 \(Animal Research Facilities\)](#);
- ❖ [Rule 33 \(Herd Health Practice \[A\] Production Animals\)](#);
- ❖ [Rule 33 \(Herd Health Practice \[B\] Wildlife\)](#);
- ❖ [Rule 34 \(Consultants in Industry and other consultancies\)](#);
- ❖ [Rule 35 \(Non-practicing facilities\)](#).

In the event that your facility does not comply with one or more of the elements in the relevant minimum requirements checklist/s, then you have to submit to the SAVC Inspections Committee a **letter of motivation** detailing the reasons why **exemption from the specific minimum standards** are required. This letter of motivation should provide information about the **services rendered by, and veterinary procedures conducted at**, the facility to ensure that an inspector with relevant expertise is sent to your premises, and that the application for exemption is clearly understood by the Inspections Committee when they have to consider an application for exemption from compliance with the minimum standards for facilities.

I, Dr _____, with SAVC registration number _____, confirm that the facility complies with the requirements as indicated in this self-evaluation form/s (minimum requirements checklist/s).

SIGNATURE (PRINCIPAL): _____ DATE: _____

Please initial each page:

Signatory (Principal)	
Commissioner of Oaths	

ANNEXURE B

APPLICATION FOR EVALUATION OF A VETERINARY FACILITY FOR PURPOSE OF ACCREDITATION

AS A _____ [insert facility type/s]

Please complete all information to ensure that the incomplete form is not returned to you for completion.

1. Facility/Principal Details

1.1	Name of facility		
1.2	Registration number of facility		
1.3	Physical address		
1.4	GPS coordinates (very important!)		
1.5	E-Mail address		
1.6	Telephone number/s (if a member of the public (wants) to contact you)		
1.7	Mobile/Cell number/s		
1.8	Fax number		
1.9	Name person/company responsible for payment of the Inspection fee: Address: Vat No:		
1.10	Proof of Payment Attached	YES	NO
1.11	Principal/s: Name/s & SAVC registration number/s		
1.12	If Close Corporation or Incorporated Company: Name/s, SAVC registration number and that of all member/s or director/s		
1.13	Skype address of the principal		
1.14	Proof available of CPD compliance	YES	NO
1.15	Proof available of access to Code of Conduct and Practice (COCP) for veterinarians and legislation relevant to practice.	YES	NO
1.16	The following veterinary services and procedures will be rendered by/conducted at this facility (e.g. diagnostic laboratory services rendered by an Educational/Research Institution to the public). Please list all procedures rendered at the facility		

Please initial each page:

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2. Please list the applicable facility category/ies based on the services rendered by, and veterinary procedures conducted at this facility (click on [this link](#) for more information on medicines)

3. Staff members currently employed in the practice and registered with SAVC and/or authorised by SAVC
Please indicate -Veterinary specialist (S)/ Veterinarian (D)/ Compulsory Community Service Veterinarian (CCS)/ Veterinary Nurse(V)/Veterinary Technologist (T)/ Animal Health Technician (H)/ Laboratory Animal Technologist (L)/ Authorised (A)/ Other professional staff please specify.

Name	Registration Number	S/D/CCS/V/T/ H/L/A/ Other (please specify)	Functions (Attach details, if required)

In the event of a recent change and/or a registree [staff member] recently left your facility employment please indicate the date of departure.

Did you, as principal of the facility update these registrees as staff members on the Registree Portal under the facility name? If not, please ensure that it is done before the inspection. To be directed to the Registree Portal please [click here](#)

4. Principal of more than one veterinary facility

If applicable, please indicate the list of any other veterinary facility/ies registered in your name (for which you act as principal):

Facility name	Facility category	Involvement – Full/part time

5. Are you aware of any other practices in your area? If yes, please list the name/s of these veterinary facilities/principals and physical address (or any other details known to you):

Please initial each page:

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Commissioner of Oaths	

6. If your facility is a Research Facility, kindly confirm the composition of the Research Ethics Committee relevant to research conducted at your facility:

6.1	Chairperson [<i>insert name</i>]:	
6.2	Animal Welfare Organisation [<i>insert name</i>]:	
6.3	Veterinarian [<i>insert name</i>]:	

7. Biosecurity measures

If and where applicable, kindly specify any specific biosecurity measures the inspector/s of your facility should adhere to prior and/or during the inspection of the facility.

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8. Designated Inspector

8.1	Details of assigned inspector:	
8.2	If and where applicable, the abovementioned facility inspector undertakes to treat privileged information observed at the facility during the course of the inspection as confidential, with specific reference to research projects.	
8.3	The inspector also undertakes to ensure that he/she will comply with all necessary biosecurity measures (as described under point 7 above) prior to the inspection of this facility.	

Inspector Signature: _____

Date: _____

9. Declaration by facility principal

I, the undersigned, _____ (*full names in print*) make this application in the full knowledge and acceptance of the minimum standards of facilities as contained in the rules relating to the practicing of a veterinary profession.

I, the sole owner/duly authorised partner/ member of the Close Corporation/Director of the Incorporated Company that owns the veterinary facility hereby authorise the evaluation of the abovementioned facility and confirm that the proof of payment for the inspection is included with this submission.

Signature

Date

Please initial each page:

Signatory (Principal)	
Commissioner of Oaths	