SOUTH AFRICAN VETERINARY COUNCIL

26 Victoria Link Street, Route 21 Corporate Park,
Nellmapius Drive, Irene, Gauteng,
South Africa 0157
**Tel:** +27(0)12 345 6360
**Website:** www.savc.org.za
**Acting Registrar/CEO:** Ms Dinamarie Stoltz

# CHANGE OF OWNERSHIP/PRINCIPAL OF A REGISTERED

## RULE 29 – PRODUCTION ANIMAL CLINIC OR HOSPITAL

### PLEASE TAKE NOTE

1. All veterinarians and para-veterinary professionals must render services from a facility registered with the SAVC (Council).

2. The SAVC has set of rules for veterinary and para-veterinary facilities, with categories of facilities and minimum standards for each category. These minimum standards are described in rules relating to the practising of veterinary and para-veterinary professions, the facility must comply with set minimum standards of the category you are applying for, to register with Council and render services;

3. This form must be submitted with the facility minimum standards - self-evaluation form - which must be completed by the principal. 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 ensure that: -
   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 type of facility you are applying for.

5. Please ensure that you attach pictures of the facility and proof of payment of the **change of principal of R362** and submit these supporting documents with this application form

6. Please list all the services or functions that you are intending to render from this facility. The list should be detailed to ensure that the Facilities Administrator and Facilities Compliance Committee is able to assess whether the application for registration of the facility and compliance with the minimum standards.

7. **SUBMISSION OF REGISTRATION DOCUMENTS: -**

- The facility registration form must be submitted to reception@savc.org.za
- Please ensure that the form and self-evaluation section are completed, the form must be signed by the principal of the facility in front of commissioner of oath
- This form must be signed in front of a Commissioner of Oaths.
- Registration will be processed within 5 – 7 working of receipt of complete forms.
- **Incomplete registration form will not be processed**

**PLEASE NOTE:**
**Any dishonesty in the completion of this form is considered a serious offence.**

**WHEN SUBMITTING YOUR APPLICATION FOR FACILITY REGISTRATION, PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE INCLUDED:**

| **IMPORTANT: NO APPLICATION WILL BE PROCESSED UNLESS ALL THE REQUIRED SUPPORTING DOCUMENTS, AS STIPULATED BELOW, ARE SUBMITTED.** | **YES / NO Please tick** |
|---|---|
| Fully completed and signed application form | |
| Proof of payment of **R362** for the change of facility principal | |
| Photograph of the facility signage board [photo must show clearly where the signage is] | |
| Photograph showing full view of the outside building of the facility | |
| Photograph showing the full view of the reception area | |
| Photograph showing the full view of the consulting room | |
| Photograph showing the full view of the theatre | |
| Up-close photograph of the safe bolted to the wall [must show the bolts securing the safe clearly]<br>Schedule 5 and higher medicines must be locked in a safe as prescribed by the Medicines Control Act | |
| Photograph showing a full view of the cupboard in the consulting room. If medicines are stored in the consulting room, only Schedule 2–4 medicines may be stored in this cupboard. | |
| Photograph showing a full view of the refrigerator used for the cold storage of medicines, including the thermometer, temperature log, and lock. | |
| Photograph showing full view of the storage facility/cabinet for safe keeping of patients records | |
| Photograph of the fire extinguisher attached to the wall with correct signage and label showing expiring date | |
| A comprehensive walkthrough **video** of the entire facility, providing a complete visual overview of all areas. | |

**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. |

**SECTION A: DETAILS OF THE VETERINARY FACILITY:**

| | |
|---|---|
| **1. Name of facility** | |
| **2. Facility SAVC Reg Number** | |
| **3. Physical address** | |
| | |
| | |
| | |
| **4. Postal Address** **(If different from the physical address)** | |
| | |
| | |
| | |
| **5. GPS coordinates** | |
| **6. Telephone number of the facility** | |
| **7. Mobile Number of the facility** | |
| **8. Email Address of the facility** | |

**DETAILS OF THE CURRENT PRINCIPAL OF THE FACILITY**

| | | |
|---|---|---|
| **9. Name of the Principal of the facility** | | |
| **10. SAVC reg no. of the principal** | | |
| **11. Contact Details of the principal of the facility** | **MOBILE NO:** | **EMAIL ADDRESS:** |
| | | |

**SECTION B: DETAILS OF THE PRINCIPAL/S OF THE FACILITY (If there's more than one principal, include all their details)**

| | | | |
|---|---|---|---|
| **1. Name of the main principal of the facility (responsible for the account)** | | | |
| **SAVC reg no. of the principal** | | | |
| **Contact Details** | **MOBILE NO:** | **EMAIL ADDRESS:** | |
| | | | |
| **Proof of CPD compliance of the principal** **(Please attach proof CPD activities/certificates)** | | **YES** | |
| | | **NO** | |

| | | | |
|---|---|---|---|
| **2. Name of the Principal of the facility** | | | |
| **SAVC reg no. of the principal** | | | |
| **Contact Details** | **MOBILE NO:** | **EMAIL ADDRESS:** | |
| | | | |
| **Proof of CPD compliance of the principal** **(Please attach proof CPD activities/certificates)** | | **YES** | |
| | | **NO** | |

**SECTION C: OWNERSHIP STRUCTURE OF THE VETERINARY FACILITY, PLEASE INDICATE WITH AN X**

| *PS: The Act does not make provision for a (Pty) Ltd* | |
|---|---|
| **Please select the applicable** | **Mark with X** |
| **a) Sole Proprietor (Me)** | |
| **b) Close Corporation (Attach company registration documents)** | |
| **c) Incorporated Company (Attach company registration documents)** | |
| **d) State-Owned Facility** | |
| **e) Animal Welfare Organisation Please attach NPO number and copy of the constitution** | |
| **f) Educational Institution /Animal Research Facility** | |
| **COMMENTS/ NOTES** | |
| | |

**SECTION D: EMPLOYMENT (OUTSIDE OF THE FACILITY) PLEASE RELEVANT BOX**

| **Are you currently employed at a state-owned facility and/or animal welfare organisation other than this facility** | **YES** | **NO** | **Self-Employed** |
|---|---|---|---|
| | | | |
| **Nature of employment** | **Full-Time** | **Part-Time** | **Self-Employed** |
| | | | |
| **I have permission from my employer/s to perform these services outside (Proof attached)** | **YES** | **NO** | **Self-Employed** |
| | | | |
| **I am aware that the permission indicated above will be subject to verification during the routine facility inspection by the SAVC.** | | | **YES** |
| | | | |

**SECTION E: CONFIRMATION OF TYPE / CATEGORY OF FACILITY X.**

| **TYPE/CATEGORY OF FACILITY** | **Mark with "X"** |
|---|---|
| **Rule 24 - Clinical Veterinary Facility – Consulting Room/Clinic (General anaesthesia with invasive surgical procedures)** | |

**PLEASE LIST/ATTACH VETERINARY SERVICES AND PROCEDURES TO BE RENDERED AT THIS FACILITY.**

| |
|---|
| |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

**SECTION F: CONFIRMATION OF STAFF MEMBERS EMPLOYED/TO BE EMPLOYED AT THE FACILITY**

| INITIAL AND SURNAME | | SAVC Registration (If applicable) |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

**SECTION F: RULE 29 - MINIMUM STANDARDS FOR PRODUCTION ANIMAL CLINIC OR HOSPITAL**

**The completion of this checklist/s should reflect the current status of the facility's compliance with the prescribed minimum standards of veterinary facilities.**

- In the event that your facility does not comply with one or more required minimum standards as per the checklist/s, you must submit a motivation letter to the SAVC Inspections Committee detailing the reasons why exemption from compliance with those minimum standards is required.
- This motivation letter should provide information about the services and procedures to be rendered at the facility to ensure that the Inspections Committee has the relevant information when evaluating the application for exemption from compliance with these minimum standards for veterinary facilities.
- The motivation letter must be submitted with this form.

**BY TICKING "YES" TO ANY RULE ON THIS CHECKLIST YOU AGREE THAT THE FACILITY ALREADY COMPLIES WITH THAT STANDARD.**

| **Rule 18: General Requirements for Clinical Veterinary Facilities** | | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|---|
| | | **Please tick relevant box** | | **Please tick relevant box** | | |
| Have you read what is required in terms of Rule 18 and submitted the details, where required: - | | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| | | | | | | |
| **(1)** | **Clinical veterinary facilities**, excluding the following facilities as contemplated in Rules 26, 30, 31, 32, 33, 34 and 35: compulsory veterinary community service and regulatory service facilities, behavioural consultancy, veterinary laboratories, research animal facilities, facilities for herd health practice, facilities for industry and other consultancies and non-practising facilities, **must comply with Rules 18, 19, 20, 21, 22 and 23.** | | | | | |
| **(2)** | Facilities contemplated in Rules 27, 28 and 29 for small animal hospitals/clinics, hospitals for equine and production animals must, in addition to the requirements of Rules 18, 19, 20, 21, 22 and 23, comply with those requirements for exemptions as listed under that subcategory. | | | | | |
| **(3)** | A clinical veterinary facility **must comply with Rule 24 if any invasive surgery is performed**. Please refer to the definition of "invasive surgery". | | | | | |
| **(4)** | Where prescribed minimum requirements are not met, an explanation with a motivation and a standard operating procedure (SOP) must be submitted to Council to indicate what procedures are in place to guarantee that the welfare of the patient is still accounted for. Such a standard SOP must be re-submitted every five years, and signed by all veterinarians and veterinary and para-veterinary staff members of that facility. | | | | | |
| **(5)** | All veterinary facilities must be registered with Council. Should a clinical veterinary facility not meet the minimum standards set out in the Rules, its registration may be suspended for such a period as Council deems fit. | | | | | |

| **Rule 19:**<br>**General Structural Requirements for Clinical Veterinary Facilities** | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|
| | **Please tick relevant box** | | **Please tick relevant box** | | |
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1)** A clinical veterinary facility at or from which a person practises a veterinary profession must: | | | | | |
| **(a)** be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g. a prefabricated building or a container as the word "permanent" relates to the materials used and not the building itself); | | | | | |
| **(b)** have a source of good general lighting, which is also adequate to ensure the completion of a procedure in progress; | | | | | |
| **(c)** have adequate ventilation; | | | | | |
| **(d)** have a **dispensary** as provided for in Rule 21(4); | | | | | |
| **(e)** have a fire extinguishing apparatus in accordance with the requirements of the Occupational Health and Safety Act 1993, Act 85 of 1993, which meets the requirements of the relevant local authority; | | | | | |
| **(f)** be so constructed as to minimise the escape of an animal and to ensure the effective, safe and comfortable confinement of animals at all times; and | | | | | |
| **(g)** be registered with Council. (or have applied for registration) | | | | | |
| **(2)** Subject to any requirements of a local or other authority, a veterinary facility must consist of: | | | | | |
| **(a)** a reception and office area; | | | | | |
| **(b)** a waiting room for clients with access to toilet facilities; and | | | | | |
| **(c)** one or more examination rooms. | | | | | |
| **(3)** The internal walls and floor surfaces, shelves and tables of a veterinary facility must be of such a nature that they can be properly cleaned and disinfected so as to maintain optimum hygienic conditions. | | | | | |
| **(4)** The drainage and washing water of a veterinary facility must run into an adequate sewer and/or septic tank and must comply with the requirements of local authorities. | | | | | |
| **(5)** The veterinary facility must have a direct public entrance unless the facility is not intended to provide services to the public but to a specific organisation or other entity. | | | | | |
| **(6)** Provision must be made at a veterinary facility for the storage and disposal of carcasses in a hygienic manner, which will ensure that health risks are minimised. | | | | | |
| **(7)** Provision must be made at a veterinary facility for a hygienic, insect and rodent free environment within the facility as well as where therapeutic and nutritional products are stored. | | | | | |
| **(8)** Adequate facilities must be available for the preparation of food and washing and cleaning of all equipment. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| **Rule 20:**<br>**General procedural requirements** | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|
| | **Please tick relevant box** | | **Please tick relevant box** | | |
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1)** Personnel must be trained in the basics of aseptic technique, animal handling and welfare and such training must be relevant to the scope of practise. | | | | | |
| **(2)** Personnel responsible for the operation of sophisticated equipment and apparatus must be adequately trained within their scopes of practise. | | | | | |
| **(3)** A veterinary professional must clinically examine animals accepted into a veterinary facility as and when needed, but at least daily, and appropriate records pertaining to monitoring of patients admitted in hospital should be entered into the clinical record. | | | | | |
| **(4)** The telephone of a veterinary facility of which the number is used in all official communication (shown in the telephone directory, signboards, advertisements and correspondence), must be answered at all times, and the use of an automatic answering service outside the normal consulting hours is permissible for this purpose, provided that it states the normal consulting hours of that practice and refers the client to another telephone number, where the veterinary professional on duty can be reached or to the address and telephone number of an after-hours veterinary facility. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

| **Rule 21:**<br>**General requirements at clinical veterinary facilities** | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|
| | **Please tick relevant box** | | **Please tick relevant box** | | |
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1)** A veterinary facility must comply with the following requirements where applicable: - | | | | | |
| **(a)** radiological services must be rendered at the facility, or be accessible; | | | | | |
| **(b)** have suitable equipment to determine the weight of patients accurately; | | | | | |
| **(c)** have suitable equipment to determine the weight of patients accurately; | | | | | |
| **(d)** resuscitative cardiopulmonary medicines as well as intravenous fluids and administration sets must be readily available for emergencies; | | | | | |
| **(e)** suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment; | | | | | |
| **(f)** have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation; | | | | | |
| **(g)** routine laboratory equipment within the facility, including at least a microscope, centrifuge, glucometer and refractometer, or reasonable access to such a laboratory service must be available; | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **(h)** in the case of a referral veterinary facility or a veterinary facility where advanced surgical procedures are performed, have an alternate power supply to allow the veterinary facility to function in the event of a power failure and to meet the requirements of local authorities; | | | | | |
| **(i)** post mortem examinations must be able to be performed at the facility or reasonable access to such a service must be available, which includes referral of the client to the nearest veterinary pathology laboratory; | | | | | |
| **(j)** have facilities and equipment (or access thereto) for the hygienic disposal of medical and biological waste to prevent the contamination of the veterinary facility as well as the environment and/or to prevent harm to personnel or the public; | | | | | |
| **(k)** a dispensary as set out in Rule 21(4) should be present at the facility to enable dispensing of relevant medicines for patient treatment according to the Medicines Act and the Code of Good Pharmacy Practise; | | | | | |
| **(l)** the veterinary facility must be manned by a person registered to practise a veterinary profession during the consulting hours specified on a notice board,<br>with the proviso that rural practitioners should indicate their office hours and an invitation to make an appointment, whilst not necessarily being in attendance during the indicated office hours. | | | | | |
| **(2)** An animal with a highly infectious disease may not be hospitalised at a veterinary facility, unless facilities for the isolation thereof exist. | | | | | |
| **(3) Only minor surgical procedures,** excluding intra-abdominal, musculo-skeletal, intra-cranial, cardio-vascular or intra-thoracic surgery **may be performed at a consulting room**.<br><br>**If such surgery is performed at a consulting room, the provisions of Rules 23 and 24 must be complied with.** | | | | | |
| **(4) THE DISPENSARY MUST COMPLY WITH THE FOLLOWING, WHICH MUST BE READ IN CONJUNCTION WITH THE MEDICINES ACT:** | | | | | |
| **(a)** It must be a separate room dedicated to the storage of medicines within the practice; | | | | | |
| **(b) If medicine is stored in a cupboard in the consulting room, the following will apply: -** | | | | | |
| **(i)** all reference to temperature, climate control and practicality in Rules (c) to (m) below will equally apply to the room in which the cupboard is located; | | | | | |
| **(ii)** the cupboard must be locked at all times when a veterinarian is not present; | | | | | |
| **(iii)** only **schedule 2-4 medicines** may be stored in this cupboard. **Schedule 5 and higher medicines must be locked in a safe** as prescribed by the Medicines Control Act. | | | | | |
| **(c)** light conditions, temperature and humidity within the dispensary or medicine room must comply with the requirements for the storage of medicine, other pharmaceutical products, and packaging materials; | | | | | |
| **(d)** the working surface area in a dispensary must be sufficient to accommodate the volume of prescriptions dispensed; | | | | | |
| **(e)** all medicines must be stored at the prescribed temperature; | | | | | |
| **(f)** a wash hand basin must be accessible, which may be in another room; | | | | | |
| **(g)** no medicines may be stored on the floor; | | | | | |
| **(h)** schedule 5 and higher scheduled medicines must at all times be under direct supervision of veterinary professionals and locked away in a safe when a veterinarian is not on the premises; | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **(i)** storage areas must be large enough to allow orderly arrangement of stock and proper stock rotation; | | | | | |
| **(j)** a suitable means of counting tablets and capsules. This equipment must be cleaned regularly so that cross-contamination between products is avoided; | | | | | |
| **(k)** refrigerator must be accessible (even in another room): must be equipped with a suitable thermometer and capable of storing medicines at temperatures between 2°C and 8°C.<br><br>The refrigerator must be cleaned, defrosted and checked regularly to ensure efficient running. This refrigerator must be used only for storing pharmaceutical products; | | | | | |
| **(l)** a suitable range of dispensing containers for medicine; | | | | | |
| **(m)** dispensed medicines must be sold, and correctly labelled in a package containing the following information: - | | | | | |
| **(i)** the proprietary name, approved name, or the name of each active ingredient of the medicine, where applicable, or constituent medicine; | | | | | |
| **(ii)** the name of the owner, as well as the name of the patient, if available, for whose treatment such medicine is sold; | | | | | |
| **(iii)** the directions for the use of such medicine; | | | | | |
| **(iv)** the name and business address of the dispensing veterinarian; and | | | | | |
| **(v)** date of dispensing. | | | | | |
| **(n)** empty, time expired/or broken containers of medicines must be disposed of as legislated for dangerous substances in legislation controlling these substances. | | | | | |
| **(o) records of medicines** purchased need to be kept for a **period of 5 years** | | | | | |
| **(p)** the receipt of medication for restocking of the dispensary is the **responsibility of the veterinarian,** and not the responsibility of lay persons at the practice. | | | | | |
| **(q)** have access to the pharmacological reference sources, and in the case of compounding, access to protocols for the compounding of medication. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| **Rule 22:**<br>**Diagnostic Images** | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|
| | **Please tick relevant box** | | **Please tick relevant box** | | |
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1)** Imaging facilities, suitable and adequate for the needs of the type of practice or veterinary facility (or access thereto), must be provided and be readily available within a reasonable time. Operation and maintenance of diagnostic imaging facilities and equipment must comply with the manufacturer's requirements. | | | | | |
| **(2)** Suitable facilities for the processing, recording and viewing of diagnostic images, including but not limited to radiographs or ultrasound must be available, as well as for the filing and storage of radiographic images. | | | | | |
| **(3)** Structural requirements for facilities where radiation equipment is installed, as well as user safety precautions for the use of this equipment must comply with the relevant legislation. | | | | | |
| **(4)** When portable x-ray machines are used, specific precautions need to be taken to protect, staff, bystanders, other animals and the environment, from the detrimental effects of accidental exposure to irradiation. | | | | | |
| **(5)** An imaging logbook must be kept listing the identity of animal and owner, by numerical number or chronological order, exposure figures and anatomical position. A logbook is not required should the veterinarian have an electronic data system, which is backed up regularly on an alternate system. Any diagnosis made must be recorded in the patient records. | | | | | |
| **(6)** Each radiograph must have a permanent identification legibly exposed in the film emulsion (or printed on the exposure by the computer software programme) and must include the identity of the animal and the owner, practice identity, date, and positioning indication. | | | | | |
| **(7)** The **use of self-adhesive labels** for the identification of **radiographs is not permissible.** | | | | | |
| **(8)** In the absence of a special agreement between the radiographer (veterinary professional) and client, a diagnostic image remains the property of the veterinary professional or the veterinary facility where the image was taken | | | | | |
| **(9)** A copy of the diagnostic image must be released as soon as possible upon the request of another veterinary professional, provided he/she has been instructed by the owner to make such a request and furthermore that the expenses incurred in producing the diagnostic images are settled. | | | | | |
| **10)** If an original image was handed to the requesting veterinary professional, a receipt of the transfer may be insisted on and such image must be returned to the original veterinary professional as soon as possible. | | | | | |
| **11)** The client or the owner of an animal is entitled to a copy of the image and a written report. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| **Rule 23:**<br>**General requirements for anaesthesia** | **Principal Self-Evaluation** | | **For Official Use - Inspector** | | |
|---|---|---|---|---|---|
| | **Please tick relevant box** | | **Please tick relevant box** | | |
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1)** All animals must undergo a pre-anaesthetic clinical examination, with the exception of wildlife. If it is not possible to perform a pre-anaesthetic clinical examination, the **wildlife** should preferably be **observed prior to anaesthesia**, if possible. | | | | | |
| **(2)** Adequate facilities must be provided for the safe induction and recovery from anaesthesia. | | | | | |
| **(3)** All persons administering anaesthesia must be qualified or authorised by Council to do so and be competent in the efficient use of all anaesthetic facilities and equipment, provided that a veterinary para-veterinary professional, within his/her scope of practice may administer anaesthesia on the instructions of a veterinarian, with the exception of wildlife, **which only a veterinarian personally may anaesthetise** in accordance with Rule 10. | | | | | |
| **(4)** The monitoring, maintenance and recovery from anaesthesia must be effected under the **direct supervision of a veterinary professional or veterinary para-veterinary professional**, within his/her scope of practice who must **be on the premises**. | | | | | |
| **(5)** The same person may not do surgery, monitoring and maintenance of general anaesthesia, unless circumstances dictate otherwise and unless monitoring equipment is available. | | | | | |
| **(6)** Equipment for anaesthesia, either inhalation or parenteral, and facilities adequate and appropriate for the needs of the relevant practice and veterinary facility must be provided at all times. | | | | | |
| **(7)** An appropriate range of clean, functional endotracheal tubes must be available. | | | | | |
| **(8)** Medical oxygen must be available at all times for inhalation anaesthesia maintenance as well as to meet any other emergency situation. | | | | | |
| **(9)** Storage for all explosives, such as gas or oxygen, must be provided for in accordance with the relevant legislation. | | | | | |
| **10)** A means to provide artificial ventilation must be available. | | | | | |
| **11)** Lock-up facilities must be available for scheduled medicines in accordance with the relevant laws. | | | | | |
| **12)** Where applicable, equipment for the control of body temperature must be provided. | | | | | |
| **13)** Anaesthetic equipment must be adaptable for the variation in body weight and the species range in which it is intended for use. | | | | | |
| **14)** Active or passive anaesthetic gas scavenging equipment must be in use according to relevant legislation, if applicable. | | | | | |
| **15)** All anaesthetic equipment must be properly maintained and serviced at regular intervals. | | | | | |
| **16)** All animals must **be monitored after surgery** and may only **be discharged** once adequately **recovered from anaesthesia**, i.e. all animals must be fully conscious and ambulatory, unless otherwise discussed and agreed to with the client. (Not applicable to wildlife) | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| **Rule 24:** (**if applicable – must comply with if any invasive surgery is performed**)<br>**Requirements for Invasive Surgical Procedures** | **Principal Self-Evaluation**<br>**Please tick relevant box** | | **For Official Use - Inspector**<br>**Please tick relevant box** | | |
|---|---|---|---|---|---|
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **(1) The facility must comply with the following: -** | | | | | |
| **(a)** one or more rooms for the treatment and pre-operative preparation of patients, which must be conveniently close to the operating room; | | | | | |
| **(b)** a separate room which is equipped as an operating room and has: - | | | | | |
| **(i)** adequate general lighting, as well as an adequate light source for procedures; | | | | | |
| **(ii)** a surgical table with an impervious operating surface that can be easily cleansed and disinfected; | | | | | |
| **(iii)** an adequate supply of oxygen; | | | | | |
| **(iv)** a gas anaesthetic apparatus or a means of effectively administering oxygen through an endotracheal tube, ambubag or mask; | | | | | |
| **(v)** a means of viewing radiographs; and | | | | | |
| **(vi)** adequate ventilation. | | | | | |
| **(2)** The operating room must be of adequate size and there must be an adequate supply of equipment, drapes and instruments at all times. | | | | | |
| **(3)** There may be no thoroughfare through an operating room. | | | | | |
| **(4)** The operating room may not be used as a storage room | | | | | |
| **(5)** Patients should be prepared in a separate room convenient to the theatre (operating room) but not in the same place as where surgery takes place. | | | | | |
| **(6)** Only final preparation of the patient may be done in the operating room. | | | | | |
| **(7)** Aseptic conditions must be maintained in the operating room. | | | | | |
| **(8)** There must be appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation. | | | | | |
| **(9)** Suitable scrubbing up facilities must be available. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| **Rule 29:**<br>**Structural and procedural requirements for Production Animal Clinics / Hospitals** | **Principal Self-Evaluation**<br>**Please tick relevant box** | | **For Official Use - Inspector**<br>**Please tick relevant box** | | |
|---|---|---|---|---|---|
| | **YES** | **NO** | **YES** | **NO** | **CATEGORY A, B or C** |
| **Structural and procedural requirements for Production Animal Clinics/ Hospitals: -** | | | | | |
| **(1)** An animal hospital for production animals must, in addition to the requirements of Rules 18, 19, 20, 21 22, and 23 and consist of: (***Please confirm that the facility already complies with these rules as completed above)*** | | | | | |
| **a)** One or more examination rooms or undercover areas equipped with hand washing facilities and diagnostic equipment for the physical, endoscopic, ophthalmic and cardiac examination of the patient; | | | | | |
| **b)** A separate room that is equipped as an operating room and has the following: | | | | | |
| **(i)** Adequate general lighting, as well as an adequate light source for procedures; | | | | | |
| **(ii)** A surgical table with an impervious operating surface that can be easily cleaned and disinfected; | | | | | |
| **(iii)** A relevant gas anaesthetic apparatus; | | | | | |
| **(iv)** An adequate supply of medical oxygen; | | | | | |
| **(v)** A means of viewing radiographs; and | | | | | |
| **(vi)** Adequate ventilation. | | | | | |
| **c)** Adequate facilities for safe induction and recovery from anaesthesia. | | | | | |
| **(2)** Aseptic conditions must be maintained in the operating room. | | | | | |
| **(3)** Have appropriate autoclave equipment or other suitable sterilising equipment, or access thereto, for the effective sterilisation of surgical packs and other equipment and have adequate storage for sterilised packs and employ acceptable techniques to indicate the effectiveness and expiry of sterilisation. | | | | | |
| **(4)** Suitable scrubbing up facilities must be available. | | | | | |
| **(5)** A loading ramp for the safe loading and off-loading of patients, as well as a crush pen with a non-slip and washable floor surface must be available at such animal hospitals for production animals. | | | | | |
| **(6)** The stalls in which patients can be kept either singly or in groups, must be constructed in such a manner that they are kept comfortably, with sufficient space, food, water and ventilation. | | | | | |
| **(7)** Construction and procedures must be aimed at minimising the spread of contagious diseases | | | | | |
| **(8)** An area in which patients can be exercised, and is designed and constructed in a manner which will minimise escape and injury and promote the maintenance of hygiene. | | | | | |
| **(9)** Any material which poses a fire hazard for the patients at a production animal hospital must be stored away from any stalls, and if it is kept in an adjoining room, such a room must be separated from the concerned patients by means of a fire partition wall. | | | | | |
| **10)** Animals must be monitored after hours by suitably trained personnel or the owner must be advised beforehand that the animal will not be monitored overnight. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

**Please initial each page**

| Commissioner of Oath | | Principal | |
|---|---|---|---|

| Rule 6:<br>Records at Veterinary Facilities | Principal Self-Evaluation<br>Please tick relevant box | | For Official Use - Inspector<br>Please tick relevant box | | |
|---|---|---|---|---|---|
| | YES | NO | YES | NO | CATEGORY A, B or C |
| **(1)** The attending veterinary professional **(must)** maintains records, including the records required in terms of the Medicines Act, for each animal or group of animals which are legible, accurate and permit prompt retrieval of information. | | | | | |
| **(2) Records must contain the following information for individual animals as applicable: -** | | | | | |
| **(a)** the date or period of the examination or consultation; | | | | | |
| **(b)** name of the veterinarian who treated the patient; | | | | | |
| **(c)** client's identification; | | | | | |
| **(d)** patient name, other forms of identification, as well as the species, breed, gender and age; | | | | | |
| **(e)** clinical information for the purposes of continuous care and assessment; | | | | | |
| **(f)** vaccination record; | | | | | |
| **(g)** special procedures; | | | | | |
| **(h)** diagnosis; | | | | | |
| **(i)** treatment and scripts issued; and | | | | | |
| **(j)** discharge instructions. | | | | | |
| **(3) Records must contain the following information for production animals, including wildlife, if applicable:** | | | | | |
| **(a)** The date or period of the examination or consultation; | | | | | |
| **(b)** Client's identification; | | | | | |
| **(c)** Species & breed; for wildlife species and sex, age group and/or colour if relevant; | | | | | |
| **(d)** Procedures or treatment performed. For groups of animals a general description of the type of herd-work and bulk use of medicine are acceptable, but the use of schedule 5 and 6 wildlife capture medicines, must be recorded with care; and | | | | | |
| **(e)** Instructions to client in general, if applicable and abnormal observations. | | | | | |
| **(4)** All records referred to in Rule 6(2), radiological images and the interpretation thereof, laboratory and pathology results must be retained by the principal of the veterinary facility for a period of five years from the patient's last visit, with the exception of ultrasound images where only the findings must be recorded. | | | | | |
| **(5) Records must contain the following information for diagnostic laboratory work (if) applicable:** | | | | | |
| **(a)** date sample was collected, date received, date completed, and date of release of results; | | | | | |
| **(b)** client information and geographical information; | | | | | |
| **(c)** animal identification as submitted, including species, breed, gender and age; | | | | | |
| **(d)** clinical history; | | | | | |
| **(e)** tests performed; | | | | | |
| **(f)** personnel doing the preparation and analysis; | | | | | |
| **(g)** method followed, deviations if any, reasons for deviation and reasons why results can still be accepted; | | | | | |
| **(h)** consumables and reagents including name, batch number, and expiry date; | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **(i)** results of quality control samples; | | | | | |
| **(j)** environmental conditions, if abnormal, or other critical information required by the standard operational procedure; | | | | | |
| **(k)** original findings; and | | | | | |
| **(l)** reports. | | | | | |
| **(6)** Records referred to in Rule **6(4)** relating to a complaint, charge or allegation lodged with Council in terms of section **31(1)** of the Act must be presented to Council within **seventy two (72) hours** of being requested to submit such records, or as otherwise arranged with Council. | | | | | |
| **(7)** Proper security arrangements must be made to protect medical and other clinical records from loss, fire, alterations, additions, supplements or unauthorised use; electronic records must be backed up on a daily basis and electronic backups should be stored off-site. | | | | | |
| **(8)** Any alterations, additions and/or supplements to any records, clinical or otherwise, must be entered as a supplement to said record and must be clearly defined as such. | | | | | |
| **(9) (a)** The principal of a veterinary facility will be responsible for confirming the identity of the attending veterinary professional to Council, where a complaint is lodged against his/her veterinary facility. | | | | | |
| **(b)** The principal of a veterinary facility will be responsible for providing the records referred to in Rule 6(5), should a complaint be lodged against a veterinarian no longer in the employ of the principal of the facility, subsequent to the date on which the complaint originated. | | | | | |
| **(c)** Should the principal of a facility fail to comply with the provisions of Rule 6(9)(a) he/she will be held accountable for any unprofessional conduct arising from such a complaint. | | | | | |

| **Principal's Comments** | **Inspector's Comments** |
|---|---|
| | |

## DECLARATION AND SIGNATURE OF THE PRINCIPAL

| | | | |
|---|---|---|---|
| **I,** | | **With SAVC registration no** | |
| **I,** | | **With SAVC registration no** | |
| **I,** | | **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, that the information contained in this application **true and correct.** I 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.

**If the facility has more than 1 principal, then all the principals must initial each page and co-sign the application form**

| | | |
|---|---|---|
| | | |
| **Signature of the principal/s** | **SAVC reg no** | **Date** |
| | | |
| **Signature of the principal/s** | **SAVC reg no** | **Date** |
| | | |
| **Signature of the principal/s** | **SAVC reg no** | **Date** |

**TO BE COMPLETED BY A COMMISSIONER OF OATHS:**

**THUS SIGNED AND SWORN TO BEFORE ME AT _____ THIS _____ 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:** _____

| APPLICATION FOR THE REGISTRATION OF AN INCORPORATED COMPANY / CLOSE CORPORATION<br>As part of the veterinary Facility |
|---|
| This form is only applicable to veterinary facilities who wish to register their facility as an Incorporated Company |

**Application is hereby made for the registration of an Incorporated Company in terms of section 24(1) read with section 24 (5) of the Veterinary and Para-Veterinary Professions Act, 19 of 1982 as amended.**

**WHEN SUBMITTING YOUR APPLICATION FOR COMPANY REGISTRATION, PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE INCLUDED:**

| **IMPORTANT: NO APPLICATION WILL BE PROCESSED UNLESS ALL THE REQUIRED SUPPORTING DOCUMENTS, AS STIPULATED BELOW, ARE SUBMITTED.** | **YES / NO Please tick** |
|---|---|
| Proof of payment of **R3439** for Incorporated Company or Closed Corporation<br>***The Veterinary and Para-Veterinary Professions Act does not make provision for a (Pty) Ltd company. Veterinarians and para-veterinarians may not practise through a (Pty) Ltd company.***<br>***If your practice is currently registered as a (Pty) Ltd company, you must amend its registration with CIPC to an Incorporated Company (Inc.) before applying for facility registration.*** | |
| Full CIPC documents including the CK2 document | |

| | |
|---|---|
| **Name of Incorporated Company/Close Corporation** | |
| **Trading as** | |
| **Registration number of Company/ Facility (allocated by Registrar of Companies)** | |
| **Facility registration number (If already registered with SAVC)** | |
| **Facility Postal address** | |
| **Telephone number of the facility** | |
| **Mobile Number of the facility** | |
| **Email Address of the facility** | |
| **Proof of payment for the Registration fee of R3 439.00 is attached** | |
| **Payments must be made to:**<br>**SAVC,**<br>**ABSA Hatfield Branch,**<br>**Cheque Account. No: 020 166 762,**<br>**Branch reference: 335 545.**<br>**Please use the "facility name" as payment reference** | |

**CONFIRMATION OF OWNERSHIP AND MANAGEMENT STRUCTURE:**

We confirm that the principal business of the incorporated company / the exclusive business of the close corporation is the practising of :-

| **Please tick applicable box** | **Mark with an "X"** |
|---|---|
| **the veterinary profession of veterinary specialist** | |
| **the veterinary profession of veterinarian** | |
| **the para-veterinary profession (please specify below** | |
| | |

| Please tick applicable box | Mark with an "X" |
|---|---|
| All the shareholders of the company are registered in terms of the Veterinary and Para- Veterinary Professions Act to practice a veterinary or para-veterinary profession | |
| The name of the company has been approved by Council; | |
| Every shareholder of the company is a director and only shareholders are directors of the company; | |
| The memorandum of association of the company provides that the directors and past directors shall be liable jointly and severally, together with the company, for such debts and liabilities of the company as are or were incurred during their periods of office; | |
| We acknowledge that in terms of section 28(1A)(a), of the Veterinary and Para-Veterinary Professions Act, a shareholder's interest of a person in a private company may, at such person's death or at the termination, withdrawal or suspension of such person's registration in terms of the Act, be held by such person's estate or by such person, as the case may be, for a period of six months from such person's death or termination, withdrawal of suspension of such person's registration, or for such longer periods as the Council may **on application** determine. | |
| We also acknowledge that no voting rights shall attach to a shareholder's interest held by an estate or by a person in terms of the previous paragraph except in respect of a resolution enabling the company to comply with the provisions of section 24(5) of the Veterinary and Para- Veterinary Professions Act, or to dispose of its undertaking or assets or any part thereof. | |
| We confirm that in terms of section 31(6)(a) of the Act, any inquiry referred to in section 31(1) may be instituted simultaneously against a private company and the directors of the private company. | |
| We confirm that all legal requirements are complied with. | |

**The directors and shareholders of the incorporated company/close corporation to be registered are:**

| Full Name & Surname | SAVC Registration Number |
|---|---|
| | |
| | |
| | |
| | |
| | |

**The corporation has nominated the following members as the Manager of the corporation for the purposes of the Act:**

| Name of the Manager | SAVC Registration Number |
|---|---|
| | |

The Manager which has been so nominated resides in the Republic of South Africa and is a person who is registered in terms of the Act to practise the veterinary profession or para-veterinary profession indicated above. The members' interests in that corporation are held, subject to the provisions of section 28(1A)(a), solely by natural persons who are registered in terms of the Act to practise a veterinary profession or a para-veterinary profession concerned, as the case may be.

| Signature of the principal/s | SAVC reg no | Date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Please Attach company registration documents). Please note that the application will not be approved without the copies of these documents.**

**Please note that any dishonesty in the completion of this form is considered a serious offence.**