

CHANGE OF FACILITY PRINCIPAL OF A:	VETERINARY PHYSIOTHERAPY FACILITY
(a) The South African Veterinary Council has under section 30(1) of the Veterinary and Para-Veterinary Professions Act, 1982 (Act No.19 of 1982), made rules in the Schedule relating to the practising of the para-veterinary profession of veterinary physiotherapist;	
(b) The Minister of Agriculture, Land Reform & Rural Development, has under section 30(3) of the said Act approved the said rules;	

PLEASE TAKE NOTE

- All veterinarians and para-veterinary professionals must render services from a facility registered with the SAVC (Council).
- The SAVC has set rules for para-veterinary facilities, with minimum standards for each para-veterinary category. The facility must comply with the set of minimum standards of the category you are applying for, as described in the Rules for veterinary Physiotherapist in order to register with Council and render services;
- This form must be submitted with the facility minimum standards - para-veterinary 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 and supporting documents for registration of your facility.
- When completing the self-evaluation, please ensure that: -
 - Complete the applicable Self-evaluation form for the category of facility you are applying to register.
 - Refer to the Minimum standards required for veterinary physiotherapy facilities.
 - In the event that your facility does not meet the standards as described you may 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 primary animal health 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.
- Please ensure that you attach pictures of the facilities and proof of payment of the **change of principal of R362** and submit these supporting documents with this application form
- Please list all the services or functions that you will be rendering from this facility. The list should be detailed to ensure that the Facilities Compliance Committee is able to assess whether exemption can be granted having insight into the nature of the services you render.

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.

Please initial each page

Commissioner of Oath		Principal	
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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 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.	
A full and comprehensive list of all employees currently working at the facility, including their names and positions.	

Please initial each page

Commissioner of Oath		Principal	
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SECTION A: DETAILS OF THE PARA-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 NEW 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		

Please initial each page

Commissioner of Oath		Principal	
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SECTION C: OWNERSHIP STRUCTURE OF THE PARA-VETERINARY FACILITY, PLEASE INDICATE WITH AN X

PS: The Act does not make provision for registration of (Pty) Ltd	
Mark applicable box with "X"	
Sole Proprietor (Me)	
Partnership	
Incorporated Company <i>Attach company registration documents</i>	
State-Owned Facility	
Animal Welfare Organisation <i>Please attach NPO number and copy of the constitution</i>	
Comments:	

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 - MARK WITH X.

TYPE/CATEGORY OF FACILITY	Mark with "X"
VETERINARY PHYSIOTHERAPY FACILITY	

CONFIRMATION OF LIST OF PARA-VETERINARY SERVICES AND PROCEDURES TO BE RENDERED AT THIS FACILITY.

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Please initial each page

Commissioner of Oath		Principal	
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SECTION F: LIST OF STAFF MEMBERS EMPLOYED/TO BE EMPLOYED AT THE FACILITY

INITIAL AND SURNAME		SAVC Registration (If applicable)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please initial each page

Commissioner of Oath		Principal	
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SECTION G: BY TICKING YES TO ANY OF THE RULES ON THIS CHECKLIST YOU CONFIRM THAT THE FACILITY ALREADY COMPLIES WITH THAT STANDARD.
To be completed by the principal of the facility

Rule 16: Exemptions
 The Council may, on written application, and at its own discretion, grant exemption from the provision of specific Rules.

Name of the Facility	
Rules and Minimum Standards for veterinary physiotherapy facilities	

Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspector's Feedback	
Rule 12: General structural requirements		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
1. Veterinary Physiotherapy facility at or from which a person practices veterinary physiotherapy profession shall –				
(a) Be a permanent structure. (This is not intended to exclude buildings, which are factory produced and site assembled, e.g., a prefabricated building as the word "permanent "relates to the materials used and not the building itself);				
(b) have a source of lighting, which is adequate to ensure the completion of a procedure in progress;				
(c) Be compliant with local regulations pertaining to health and safety, including fire protection; and				
(d) be so constructed as to prevent the escape of an animal and to ensure the effective confinement of animals at all times.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 12: General structural requirements <i>(continued)</i>		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
2. Subject to any requirements of a local or other authority, a veterinary physiotherapy facility shall consist of –				
(a) a reception and office area;				
(b) a storage room;				
(c) a waiting room for clients with access to toilet facilities;				
(d) one or more treatment rooms;				
(e) disposal of veterinary waste according to local government requirements;				
(f) walls, floors, shelves, tables impervious for cleaning and disinfecting;				
(g) drainage and washing water according to local authority requirements;				
(h) no public entrance through another business;				
(i) hygienic storage of therapeutic and nutritional requirements;				
(j) adequate facilities for preparation of food and washing equipment; and				
(k) adequate ventilation in all facilities.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 13: General requirements at veterinary physiotherapy practice		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
1. A veterinary physiotherapy facility shall have the necessary facilities in order to ensure that a full evaluation and appropriate treatment can be done.				
2. The facility must be clean and in good repair;				
3. The area surrounding facility must be clean and tidy;				
4. Sufficient parking must be available for clients and staff;				
5. The facility must be free of offensive odours;				
6. The services must be provided in a competent and humane manner;				
7. A professional approach towards clients should be maintained;				
8. The staff dress code, cleanliness and appearance must be good; and				
9. The code of conduct must be visible.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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Facility Evaluation Form - Veterinary Physiotherapy Facility	Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 14: Minimum equipment at veterinary physiotherapy practice	YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
1. Companion animal facilities only: must have the following equipment, as applicable to the species being treated:			
(a) Weighing scale;			
(b) Non-slip leads;			
(c) Thermometer;			
(d) Stethoscope;			
(e) Non-slip surface/mat;			
(f) Goniometer;			
(g) Measuring tape;			
(h) Reflex hammer;			
(i) Separate cages of adequate size for each patient;			
(j) Proper identification of each patient;			
(k) Proper clean bedding;			
(l) Adequate ventilation, heating and cooling;			
(m) Isolation facilities for contagious diseased animals, if treated; and			
(n) Exercise area:			
(aa) Indoor or outdoor;			
(bb) Constructed to prevent escape; and			
(cc) Constructed that it can be kept clean/hygienic			

Please initial each page

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Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 14: Minimum equipment at veterinary physiotherapy practice <i>(continued)</i>		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
2. Equine Facilities only must have: -				
(a) Hand washing facilities;				
(b) Loading area –safe for loading and offloading of horses;				
(c) Stables – suitable for safe keeping of horses:				
(aa) Patients kept individually;				
(bb) Stables adequately ventilated; and				
(cc) Isolation facilities if animals with contagious diseases are treated.				
3. Cold and heat therapy.				
4. No animals may be kept overnight in a veterinary physiotherapy facility, unless the client is informed that the patient will not be monitored overnight, or will be monitored intermittently, or will be monitored intermittently by a lay person.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 15: Minimum standards for mobile veterinary physiotherapy facilities (Linked to a base facility)		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
1. The primary purpose of mobile animal services is to deliver veterinary physiotherapy evaluation and treatment and these facilities shall : -				
(a) be operated by personnel registered with the Council;				
(b) maintain professional standards at all times; and				
(c) be an extension to a registered physical facility				
2. A vehicle used for mobile services shall be maintained in a clean and sanitary condition.				
3. The vehicle shall contain those items of equipment that are necessary for the veterinary physiotherapist to perform an evaluation and appropriate treatment consistent with the standards of the profession and the type of veterinary physiotherapy services required.				
4. When in contact with known infectious diseases, special precautions must be taken to prevent transmission of infectious agents.				
5. If trailers are used it has to comply with transport guidelines.				
6. Own water supply.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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Facility Evaluation Form - Veterinary Physiotherapy Facility		Principal's Self-Evaluation	Facility Inspectors Feedback	
Rule 10: Records at veterinary physiotherapy facilities		YES/NO	YES/NO	OFFICE USE (CATEGORY A/B/C)
1. The attending veterinary physiotherapist shall maintain records for each animal or group of animals which are legible, accurate and permit prompt retrieval of information.				
2. Records shall be kept for five (5) years.				
3. Records shall, where applicable, contain the following information –				
(a) client's identification;				
(b) patient name, other forms of identification, as well as the specie, breed, gender, age and weight;				
(c) Diagnosis by the attending veterinarian;				
(d) clinical information;				
(e) findings on evaluation;				
(f) treatment;				
(g) Reports/referrals from animal health team members; and				
(h) Discharge instructions.				
4. Proper security arrangements shall be made to protect medical records from loss, fire, alterations or unauthorised use.				
5. A copy of any record kept by the veterinary physiotherapy facility must be submitted to Council within seventy-two (72) hours of being requested to do so by Council.				
Principal's Comments		Inspector's Comments		

Please initial each page

Commissioner of Oath		Principal	
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SECTION H: DECLARATION

This facility for which I apply for registration will be opened on	
The facility will be inspection by the SAVC inspector not later than 6/12-months after registration	

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.

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.

Should I retire from the facility 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.

I accept that the SAVC has the right to inspect my/our facility at any reasonable time.

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.

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

SECTION I: SIGNATURE OF THE PRINCIPAL/S

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

Please initial each page

Commissioner of Oath		Principal	
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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: _____

Please initial each page

Commissioner of Oath		Principal	
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APPLICATION FOR THE REGISTRATION OF AN INCORPORATED COMPANY / CLOSE CORPORATION
As part of the para-veterinary Facility

This form is only applicable to para-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.

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: SAVC, ABSA Hatfield Branch, Cheque Account. No: 020 166 762, Branch reference: 335 545. 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 initial each page

Commissioner of Oath		Principal	
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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 <u>period of six months</u> from such person's death or termination, withdrawal of suspension of such person's registration, or for such longer periods as the Council may <u>on application</u> 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.

Please initial each page

Commissioner of Oath		Principal	
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