



APPLICATION FOR A LICENCE FOR VETERINARY CLINIC/HOSPITAL

ANIMALS & BIRDS ACT. Animals and Birds (Veterinary Centres) Rules.

The information provided below must be type-written or written in legible block letters.

Where the space provided is insufficient, please furnish type-written information on a separate sheet of paper.

Type of Licence applied for (Please check where applicable):

Veterinary Clinic Veterinary Hospital

SECTION I - PARTICULARS OF APPLICANT:				
Name of Applicant in full (Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input 2"="" type="checkbox/>)</td> <td colspan="/> NRIC No. / Passport No.:				
Home Address:		Contact No.:	Office:	
		Home:	HP:	
Office Address (if different from address of clinic or hospital)			Email Address:	
Professional Qualifications (if any):			Position in the Veterinary Clinic/Hospital	
			PROPRIETOR <input type="checkbox"/> PARTNER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/>	
SECTION II - PARTICULARS OF PREMISES:				
Name of Clinic/Hospital			Tel No.:	
			Fax No.:	
Address of Clinic/Hospital:			Email Address:	
SECTION III - PARTICULARS OF OTHER PARTNERS/DIRECTORS:				
S/N	Name	Position held	NRIC No./ Passport No.	Address
1				
2				
3				
4				
5				



SECTION IV - PARTICULARS OF VETERINARY MANAGER (please fill in this section if veterinary manager is different from license applicant. Otherwise, please fill this section with N/A):

Name in full (Dr):	NRIC No. / Passport No.:
Home Address:	Contact No.:
Professional Qualifications:	Veterinary Surgeon Licence No./Date of Expiry:

SECTION V – ACKNOWLEDGEMENT AND DECLARATION BY THE VETERINARY MANAGER

- (1) I, Dr _____, am the Veterinary Manager of _____;
- (2) I declare that all information given in this application is correct and true.
- (3) In the event that this application is approved, I shall abide by the Animals and Birds (Veterinary Centre) Rules and Conditions of Licensing thereunder.

Signature of Veterinary Manager

Date

SECTION VI – OTHER INFORMATION:

Name and Address of other Veterinary Clinics/Hospitals owned or managed by Applicant or other Partners/Directors:

S/N	Name	Address
1		
2		
3		
4		
5		
6		

SECTION VII - PARTICULARS OF OTHER VETERINARY SURGEONS PRACTISING AT THE VETERINARY CLINIC/HOSPITAL:

S/N	Name	NRIC No./ Passport No.	Veterinary Surgeon Licence No./Date of Expiry	Contact No
1				
2				
3				
4				
5				
6				
7				

SECTION VIII – DECLARATION BY THE APPLICANT

- (1) I, the above applicant, declare that all information given in this application is correct and true. I shall inform AVA in writing of any change in the above-mentioned information within 30 days of the change;
- (2) In the event that my application is approved, I shall abide by the Animals and Birds (Veterinary Centres) Rules and Conditions of Licensing thereunder.
- (3) I will ensure that the veterinary manager has the appropriate authority and resources to discharge his/ her duties as stipulated in the Animals and Birds (Veterinary Centres) Rules and Conditions of Licensing.

(Name of Applicant)

(Signature of applicant & Date)

Notes:

- (1) When approved, the licence is issued to the particular licensee (sole proprietor/ partners/company) at the specified premises and the licence is non-transferable.
- (2) To inform AVA in writing when there is a change in appointment of the Manager.
- (3) The fee for application and licence is non-refundable if the application is not approved.



CHECKLIST FOR APPLICATION OF VETERIANRY CLINIC / HOSPITAL

Please ensure that all the required items are checked before submitting the application form. The checklist is to be submitted together with the application form and all other relevant documents.

S/No	Item	Check	Remarks
1	Application form duly completed and signed	<input type="checkbox"/>	
2	2 copies of layout plan	<input type="checkbox"/>	
3	Business profile (Computer printout from Registry of Companies & Businesses) <i>(For applicants whose names are not listed in the RCB print-out, an authorization letter from a listed Director to act on behalf of the company is required.)</i>	<input type="checkbox"/>	
4	Approvals from other relevant authorities (a). URA (b). HDB / JTC (c). Fire Safety and Shelter Dept <i>(if not a HDB premise)</i> (d). LTA <i>(if more than 150 m²)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5	Medisave contribution (self-employed)	<input type="checkbox"/>	
6	Licence Fee of \$350 <i>A tax invoice will be raised after successful application and payment can be made via these modes:</i> <ul style="list-style-type: none"> • AXS stations island-wide • Online payment at AVA website • NETS at AVA cashier counters • Interbank GIRO (GIRO application form with Part 1 duly completed and signed) 	<input type="checkbox"/>	
FOR OFFICIAL USE ONLY			
Date Approved:		Licence No.:	Form Sr. No.: