

FIFTH SCHEDULE

(Under Rule 29)

VETERINARY PRACTICE FACILITY INSPECTION CHECKLIST

1.0 General information

- 1.1 Name of facility.....
- 1.2 Address of facility.....
- 1.3 Postal Address.....Tel
No.....Fax.....Email.....
- 1.4 Registration number of the facility.....
- 1.5 Type of practice.....

2.0 Ownership of the facility

- 2.1 Type of ownership.....
- 2.2 Name of owner/owners.....
- 2.3 Percentages of shares if partnership.....

3.0 Supervision

- 3.1 Name of supervising Veterinarian.....
registration No.....date of issue.....
- 3.2 Address of the supervisor.....Tel No.
.....fax.....Email.....

4.0 Staffing

4.1 Veterinarian

- 1. Name.....Reg No.....Date of issue.....
- 2. Name.....Reg No.....Date of issue.....
- 3. Name.....Reg No.....Date of issue.....
- 4. Name.....Reg No.....Date of issue.....
- 5. Name.....Reg No.....Date of issue.....

4.2 Paraprofessionals

- 1. Name.....En No.....Date of issue.....
- 2. Name.....En No.....Date of issue.....
- 3. Name.....En No.....Date of issue.....
- 4. Name.....En No.....Date of issue.....
- 5. Name.....En No.....Date of issue.....

4.3 Paraprofessionals Assistant

- 1 Name..... Enl No.....Date of issue.....
- 2. Name.....Enl No.....Date of issue.....
- 3. Name.....Enl No.....Date of issue.....

4. Name.....Enl No.....Date of issue.....

4.4 Laboratory technician

1 Name..... Enl No.....Date of issue.....

2. Name.....Enl No.....Date of issue.....

4.5 Supporting staff

1. Animal handlers

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2. Others

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5.0 Facilities

5.1 Structural facilities

- Reception room.....
- Consultation room.....
- Dispensing room.....
- Examination cum treatment room.....
- Diagnostic laboratory.....
- Sterilisation room.....
- Small animal theater.....
- X-ray room.....
- Feeding and storage facilities.....
- Power and water supply.....
- Kennels and/ or cages for larger animals...
- Stalls for large animals.....
- Restraining facility.....
- Toilet facilities.....

5.2. Equipment

- Microscope.....
- Anesthetic equipment.....
- X-ray.....
- Sterilizer.....
- Examination table.....
- Operating table.....

- Surgical kit.....
- Postmortem kit.....
- Obstetric kit.....
- Refrigerator.....
- Cool box.....
- Transport facility.....

5.3 Records and books

- Treatment records.....
- Clients records.....
- Prescription forms/book.....
- Stock records.....
- DDA box and record.....
- Financial record.....
- Reference books.....

5.4 Medicines and biologicals

- Stocks availableadequate/not adequate
- Storage facilities..... available/not available
- Records.....available/not available

6.0 Recommendations

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1. Name of inspector..... Signature.....
2. Name of inspector..... Signature.....
3. Name of inspector..... Signature.....

Name of owner/supervisor.....Signature.....

Date of inspection.....

NB This form must be filled in triplicate, one copy must given to the owner or supervisor of the facility, the other should remain with the inspector and the original be sent to the Registrar VCT.