

# *Application Form to register a Veterinary Facility from which a clinical service is rendered*

## IMPORTANT NOTICE:

To ensure that your facility complies with the minimum standards for facilities it is recommended that you do a self-evaluation of your clinical facility prior to completion of the application form to register your facility with Council.

To enable you to do a self evaluation it is recommended that you complete the facility inspection form (check list). Kindly refer to the rules relating to minimum standards for facilities when you do the self-evaluation.

### APPLICATION FORM FOR REGISTRATION OF VETERINARY PRACTICE FACILITY

**TO:** The Registrar,  
Veterinary Council of Tanzania  
P O Box 9152,  
**DAR ES SALAAM**

In accordance with the provision of section 15 of the Veterinary Act,

I/We.....

Of (Postal address).....

wishing to carry out business of veterinary practice do hereby apply for registration of practice facility situated at.....

The business in so far as concerns the practice of veterinary surgery will be under the control of Dr.....a Veterinarian –Registration no.....in accordance with the Act.

I enclose the following documents:

- (a) Certificate of registration as a Veterinarian
- (b) Certificate(s) of qualification for the Anima health Assistants (Para veterinarians)
- (c) A legal contract between me (owner) and Dr.....(in-charge of the veterinary practice facility)
- (d) Receipt for application fee (Tshs 5,000/=) non-refundable.

**NB: Any change of Veterinarian under whose control the business is carried on, whether temporary or permanent must be notified to the Registrar immediately.**

Applicant's Signature..... Date.....

Certified by: **District Veterinary Officer for**.....

**Name**.....

**Signature**..... **Date**.....

# VCT APPLICATION FORMS FOR ENROLMENT AND ENLISTMENT OF PARAPROFESSIONALS AND PARAPROFESSIONAL ASSISTANTS

**APPLICATION FORM FOR ENROLLMENT/ENLISTMENT AS A  
PARAPROFESSIONAL/PARAPROFESSIONAL ASSISTANT**

Attach your  
signed, stamped  
passport  
photograph here

**SECTION A: PERSONAL DATA**

(All applicants are to complete this section)

Surname _____ Middle name _____ Other names _____		
Marital status _____		
Place of Birth _____ Birth date _____)		
Male _____ - Female _____		
Address _____ _____		
-----		
Phone _____ Fax _____ E-mail _____		
Next of kin or nearest contact person		
Name _____		
Address _____		
Phone _____ Fax _____ E-mail _____		
<b>SECTION B: ACADEMIC QUALIFICATIONS</b>		
Diploma(s)/Certificate(s):	Institution	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Names and address of Referees:		
1. _____		
_____		
2. _____		
_____		

**SECTION C: APPLICANT SATUTORY DECLARATION**

I..... do hereby declare on this ..... day of..... that I am the person who is applying for registration as a paraprofessional and I am holding the above qualification and that the information I have given is true and correct to the best of my knowledge and belief.

Signature.....Date.....**CE**

**RTIFICATION: (To be certified by **advocate/magistrate/notary public**)**

I certify that I have compared the photograph in the application form shown to me this ..... day of ..... by .....with his application before me and that in my opinion it is a true and faithful likeness and Iam satisfied that the applicant before me is the person to whom the photograph and application relates.

Name: .....  
Qualification .....  
Signature.....  
Address: .....  
.....

**SECTION D: FOR OFFICIAL USE ONLY**

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Enrolled, Enlisted/ Not enrolled, enlisted

Reasons (If not enrolled/enlisted).  
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Chairman  
Veterinary Council of Tanzania  
Date.....

Registrar  
Veterinary Council of Tanzania  
Date.....

# VCT APPLICATION FORMS FOR REGISTRATION OF VETERINARIANS AND SPECIALISTS

## APPLICATION FORM FOR REGISTRATION AS A VETERINARIAN/ VETERINARY SPECIALIST

Attach your  
signed, stamped  
passport  
photograph here

### SECTION A: PERSONAL DATA

(All applicants are to complete this section)

Surname _____ Middle name _____ Other names _____		
Marital status _____		
Place of Birth _____ Birth date _____)		
Male _____ - Female _____		
Address _____		
Phone _____	Fax _____	E-mail _____
Next of kin or nearest contact person		
Name _____		
Address _____		
Phone _____	Fax _____	E-mail _____
<b>SECTION B: ACADEMIC QUALIFICATIONS</b>		
Degree(s):	Institution	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Names and address of Referees:		
1. _____		
2. _____		

**SECTION C: APPLICANT SATUTORY DECLARATION**

I..... do hereby declare on this ..... day of..... that I am the person who is applying for registration as a Veterinarian and I am holding the above qualification and that the information I have given is true and correct to the best of my knowledge and belief.

Signature.....Date.....

**CERTIFICATION: (To be certified by **advocate/magistrate/notary public**)**

I certify that I have compared the photograph in the application form shown to me this ..... day of ..... by .....with his application before me and that in my opinion it is a true and faithful likeness and I am satisfied that the applicant before me is the person to whom the photograph and application relates.

Name: .....  
Qualification .....  
Signature.....  
Address: .....  
.....

**SECTION D: FOR OFFICIAL USE ONLY**

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Registered/ Not Registered

Reasons (If not registered).  
.....  
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.....

Chairman  
Veterinary Council of Tanzania  
Date.....

Registrar  
Veterinary Council of Tanzania  
Date.....

**APPLICATION FORM FOR TEMPORARY REGISTRATION AS A  
VETERINARIAN**

**(Made under section 21 of the Veterinary Act, 2003)**

Attach your signed, stamped passport photograph here
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*Please read the instructions carefully before filing the application form.*

- 1. Section A: Personal data.*
- 2. Section B: Academic Qualifications*
- 3. Section C: To be signed in the presence of a commissioner for Oaths i.e.  
Advocate/Magistrate or notary Public.*
- 4. Section D: For official use only.*

**SECTION A: PERSONAL DATA**

(All applicants are to complete this section)

Surname _____ Middle name _____ Other names _____		
Home address _____ _____		
Place of Birth _____	Birth date _____	Nationality _____
Male _____	Female _____	
Present Address _____ _____		
Phone _____	Fax _____	E-mail _____
Next of kin or nearest contact person _____		
Name _____		
Address _____ _____		
Phone _____	Fax _____	E-mail _____

**SECTION B: ACADEMIC QUALIFICATIONS/ OTHERS**

Degree (s):	Institutions	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Names and Address of Referees:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name and address of Home statutory body

\_\_\_\_\_

Name of employer and address in country of origin

\_\_\_\_\_

Name of employer and address in Tanzania

\_\_\_\_\_

**SECTION C: APPLICANT STATUTORY DECLARATION**

I ..... do hereby declare on this .....day of .....  
that I am the person who is applying for temporary registration as a Veterinarian and I  
am holding the above qualification and that the information I have given is true and  
correct to the best of my knowledge and belief.

Signature ..... Date .....

**CERTIFICATION:** (To be certified by **advocate/magistrate/notary public**)

I certify that I have compared the photograph in the application form shown to me this  
..... day of .....with his application before me and that in my  
opinion it is a true and faithful likeness and I am satisfied that the applicant before me is  
the person to whom the photograph and application relates.

Name: .....

Qualification .....

Signature .....

Address .....

.....

**SECTION D: FOR OFFICIAL USE ONLY**

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Registered/Not Registered

Reasons (If not registered)

.....  
.....

Chairman

Registrar

Veterinary Council of Tanzania

Veterinary Council of Tanzania

Date .....

Date .....

# Facility Inspection Form

The forms below serves as checklists for Minimum Standards for Veterinary Clinical and Quarantine Facilities when inspections are conducted.

The checklists are handy guide to owners of facilities to check whether their facilities comply with the minimum standards for facilities and should be used prior to an inspection.

## MINIMUM STANDARDS FOR VETERINARY FACILITIES

### 1. 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.....Enl No.....Date of issue.....
- 5. Name.....Enl 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

.....

.....

2. Others

.....

.....

**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 available .....adequate/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.

## 2. VETERINARY **QUARANTINE** FACILITY INSPECTION CHECKLIST

### 1.0 General information

- 1.1 Name of Quarantine 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 Quarantine facility.....

### 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.....
- 4.2 Paraprofessionals
  - 1. Name.....En No.....Date of issue.....
  - 2. 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.....  
4.4 Supporting staff

1. Animal/bird handlers

.....  
.....

2. Others

.....  
.....

**5.0 Facilities**

5.1 Structural facilities

- Reception rooms /compartments enclosures for incoming animals/ birds.....
- Number of rooms /compartments enclosures for keeping animals/birds.....
- Rooms /compartments enclosures for sick birds/animals.....
- Feeding and storage facilities.....
- Power and water supply.....
- Cages for larger and small animals...
- Stalls for large animals.....
- Restraining facility.....
- Availability of perches/swings/ boxes.....
- Drainage system available.....
- Is the structure constructed so that it is easy to clean.....
- Toilet facilities.....

5.2. Equipment

- Feeding troughs.....
- Drinking equipments-----
- Refrigerator.....
- Cool box.....
- Transport facility.....

5.3 Records and books

- Treatment records.....
- Clients records.....
- Financial record.....
- Reference books.....

5.4 Medicines and biologicals

- Stocks available .....adequate/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.