



THE VETERINARY COUNCIL OF ZAMBIA

The Veterinary and Veterinary Para-Professions (General) Regulations, 2013

APPLICATION FOR GRANT () RENEWAL () OF LICENCE TO OPERATE A HEALTH FACILITY								
(Section 43 of the Veterinary and Veterinary Para-Professions Act, 2010)								
Please complete in block letters		Shaded fields for official use only		Licence Code				
				Date/Time				
Information Required		Information Provided						
1.	Name(s) of applicant (State whether individual, company, firm or institution)							
2.	Nationality - National Registration Card No. - Passport No. - Certificate of Registration No.							
3.	Notification address Plot No: Tel: Fax: E-mail:							
4.	Name of animal health facility							
5.	Details of registration of veterinary professional at animal health facility	Full	Provisional	Temporary	Limited	Specialist		
6.	Type of application							

	(a) New, full Service Animal health facility (inspection required) (b) New, mobile animal health facility (inspection required) (c) Change of location of animal health facility (d) Change of name of animal health facility (e) Change of veterinary-in-charge						
7.	Class, level and nature of services to be provided at animal health facility	TYPE (Please tick as appropriate) <input type="checkbox"/> small animal only <input type="checkbox"/> large animal only <input type="checkbox"/> mixed (small and large animal) <input type="checkbox"/> Other, specify	MODE (Please tick as appropriate) <input type="checkbox"/> Fixed location <input type="checkbox"/> Mobile <input type="checkbox"/> Other, specify	AREA (Please tick as appropriate) <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Other, specify			
8.	Location of animal health facility <i>(Attach certified copy of proof of ownership of premises or if premises are leased, copy of tenancy agreement)</i>						
9.	Number of staff at animal health facility <i>(attach list of staff veterinarians and veterinary para-professionals, their registration status, and registration numbers and practicing certificate numbers)</i>	No. of registered veterinarians No. of registered veterinary para-professionals No. of provisionally registered veterinarians No. of Lay assistants No. of Clerical/administrative staff Other (specify)					
10.	Licences previously held by the applicant under the Veterinary and Veterinary Para-Professions Act, 2010, or similar legislation outside Zambia <i>(attach certified copies)</i>	Licence No.	Location				
11.	Licences currently held by applicant in Zambia, if any,	Licence No. and Type:	Location:				

	under the Veterinary and Veterinary Para-Professions Act, 2010																			
12.	<p>Have you ever been found guilty of professional misconduct or been convicted of an offence involving fraud or dishonesty or any offence under the Veterinary and Veterinary Para-Professions Act, 2010, or any other law within or outside Zambia?</p> <p>If yes, specify details:.....</p> <p>Nature of offence:.....</p> <p>Date of conviction:.....</p> <p>Sentence:.....</p>																			
13.	<p>Has your certificate of registration been cancelled or suspended?</p> <p>If yes, please give details below:</p> <table border="1"> <thead> <tr> <th>Licence No.</th> <th>Date issued</th> <th>Date of suspension/cancellation</th> <th>Reason for suspension/cancellation</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>			Licence No.	Date issued	Date of suspension/cancellation	Reason for suspension/cancellation													
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14.	Appendices																			
	Animal Health Facility Inspection Report																			

Applicant's signature

Date

FOR OFFICIAL USE ONLY

Received by: _____
Officer

Date Received _____

Amount Received _____

Serial No. of application: _____

RECEIPT No.

STAMP