



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 <i>(State whether individual, company, firm or institution)</i>					
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)	MODE (Please tick as appropriate)	AREA (Please tick as appropriate)		
		<input type="checkbox"/> small animal only	<input type="checkbox"/> Fixed location	<input type="checkbox"/> Bovine		
		<input type="checkbox"/> large animal only	<input type="checkbox"/> Mobile	<input type="checkbox"/> Equine		
		<input type="checkbox"/> mixed (small and large animal)	<input type="checkbox"/> Other, spcify	<input type="checkbox"/> Other, spcify		
		<input type="checkbox"/> Other, spcify				
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" data-bbox="268 797 1406 972"> <thead> <tr> <th data-bbox="268 797 512 853">Licence No.</th> <th data-bbox="512 797 751 853">Date issued</th> <th data-bbox="751 797 1066 853">Date of suspenaion/cancellation</th> <th data-bbox="1066 797 1406 853">Reason for suspension/cancellation</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 853 512 931"></td> <td data-bbox="512 853 751 931"></td> <td data-bbox="751 853 1066 931"></td> <td data-bbox="1066 853 1406 931"></td> </tr> <tr> <td data-bbox="268 931 512 1010"></td> <td data-bbox="512 931 751 1010"></td> <td data-bbox="751 931 1066 1010"></td> <td data-bbox="1066 931 1406 1010"></td> </tr> <tr> <td data-bbox="268 1010 512 1088"></td> <td data-bbox="512 1010 751 1088"></td> <td data-bbox="751 1010 1066 1088"></td> <td data-bbox="1066 1010 1406 1088"></td> </tr> </tbody> </table>			Licence No.	Date issued	Date of suspenaion/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

RECEIPT No.

Date Received _____

Amount Received _____

STAMP

Serial No. of application: _____