

**APPLICATION FORM
EXAMPLE**

FIRST SCHEDULE

**VETERINARY SURGEONS (COMPANION ANIMAL PREMISE AND PRACTICE) DIRECTIVE,
2/2015**

PREMISE LAYOUT PLAN

(To be completely filled out by the applicant in capital letters)

TYPE OF APPLICATION : <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> New Premise <input type="checkbox"/> Change of Premise Layout <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Shifting of Premise <input type="checkbox"/> Change of Partnership			
Full Name <i>(in capital letters)</i>	MVC Registration No.	Part	Current Annual Practicing Certificate No.
1. <i>(Name of applicant)</i> <i>Dr James Tan</i>	3200	I	23814
2. <i>(Name of partners — if applicable)</i> <i>Dr Syed Ali Ahmad</i>	3288	I	24237

PARTICULARS OF PREMISE:

1. Name of proposed premise	<i>ABC Veterinary Clinic</i>
2. Address of proposed premise	<i>18, Jalan Ali Pitchay, 32000 Ipoh, Perak</i>
INSTRUCTIONS: GPS Coordinates	N 04.22544 E 100.38353

Submit two (2) sets of this *Schedule* accompanied with two (2) sets of the *Premise/Floor Plan*. Upon approval One (1) endorsed set of this *Schedule* and the endorsed *Premise Floor Plan* by the Council shall be kept at the premise and made available for inspection by officers of the Council under Section 28 of the Act.

(1). In the event of change of partnership, please attach relevant documents on new partnership from relevant authority.

DECLARATION BY THE APPLICANT

I / We **, hereby declare that the information supplied in this form and accompanying documents are true.

James T
Applicant's signature

22 March 2016
Date

Premise stamp: **ABC VETERINARY CLINIC**
18, Jalan Ali Pitchay,
32000 Ipoh, Perak
Tel.: 05-43323333 E-mail: abcvet@gmail.com

** Strike out whichever is not applicable

COMPANION ANIMAL - PREMISE AND PRACTICE

APPLICATION CHECKLIST

NAME OF PREMISE : ABC VETERINARY CLINIC

No.	Practise Components	Notes
A.	<p>Premise –Signages/Plate intended or has been put up in/on the premise.</p> <p>ATTACHMENTS : Please provide:</p> <ul style="list-style-type: none"> i. premise layout/floor plan with dimensions appropriately labeled and scaled with the name of practice and address clearly stated ii. photograph(s) of the premises (Front/Rear/Side and indicate the number of floors where applicable) clearly indicating location footage of the premise iii. actual wordings or text on the main signage/door; and iv. symbols or logo that are used to identify the practice 	<p><i>Please attach photographs or hard-copy of premise signages/plates in Annex.</i></p> <p><i>Please attach the map / floor plan of the premise layout and clearly label the facilities named in Part B of this checklist.</i></p>
FOR OFFICE USE ONLY		
B.	Facilities (please label where applicable on the premise layout map/floor plan)	Indicate (number of units) where present
	1. Main entrance	<i>Yes</i>
	2. Reception and waiting area — Please indicate if mixed or there are separate areas for dogs and cats or other companion animals	<i>Yes</i> <i>Mixed area for dogs and cats</i>
	3. Documentation and records storage area	<i>Yes</i>
	4. Consultation area(s)	<i>Yes – 1 room</i>
	5. Pharmacy / Dispensary or Drugs/Poisons/Vaccines Storage area	<i>Yes</i>
	6. In-house laboratory testing area	<i>Yes</i>
	7. Animal holding/boarding area (a) Dog cages (b) Cat cages (c) Dog runs (d) Cat play area (e) Others (Please state and elaborate) —	<i>10 places</i> <i>20 places</i> <i>No</i> <i>Not present</i>
	8. Toilet	<i>Yes</i>
	9. Animal preparation area prior to surgery (if present)	<i>Yes</i>
	10. Surgery room/area (if present)	<i>Yes</i>
	11. X-ray room (if present)	<i>Not present</i>
	12. Post-surgery recovery / recuperation area (if present)	<i>Not present</i>
	13. Isolation area (if present)	<i>Yes</i>

COMPANION ANIMAL - PREMISE AND PRACTICE

APPLICATION CHECKLIST

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No.	Practise Components	Notes
B.	Facilities (please label where applicable on the premise layout map/floor plan)	Indicate (number of units) where present
14.	Visitation area/Quiet room <i>(if present)</i>	<i>Not present</i>
15.	Staff resting area or offices <i>(if present)</i>	<i>Not present</i>
16.	Washing and cleaning areas	<i>Yes</i>
17.	Waste and biologic waste disposal area, carcass storage and disposal area <i>(if present)</i>	<i>Yes - only Storage of carcasses in chest freezer</i>
18.	Storage and Utility areas <i>(if present)</i>	<i>Yes</i>
19.	Animal exercise area <i>(if present)</i>	<i>Not present</i>
20.	Others <i>(Please state)</i> —	<i>None</i>

Main signboard :



ABC VETERINARY CLINIC

18, Jalan Ali Pitchay, 32000 Ipoh, Perak.
Tel No: 05-43323333 E-mail: abcvet@gmail.com

Plate(s) :

Dr. James Tan
DVM (UPM)

Dr. Syed Ali Ahman
DVM (UPM)

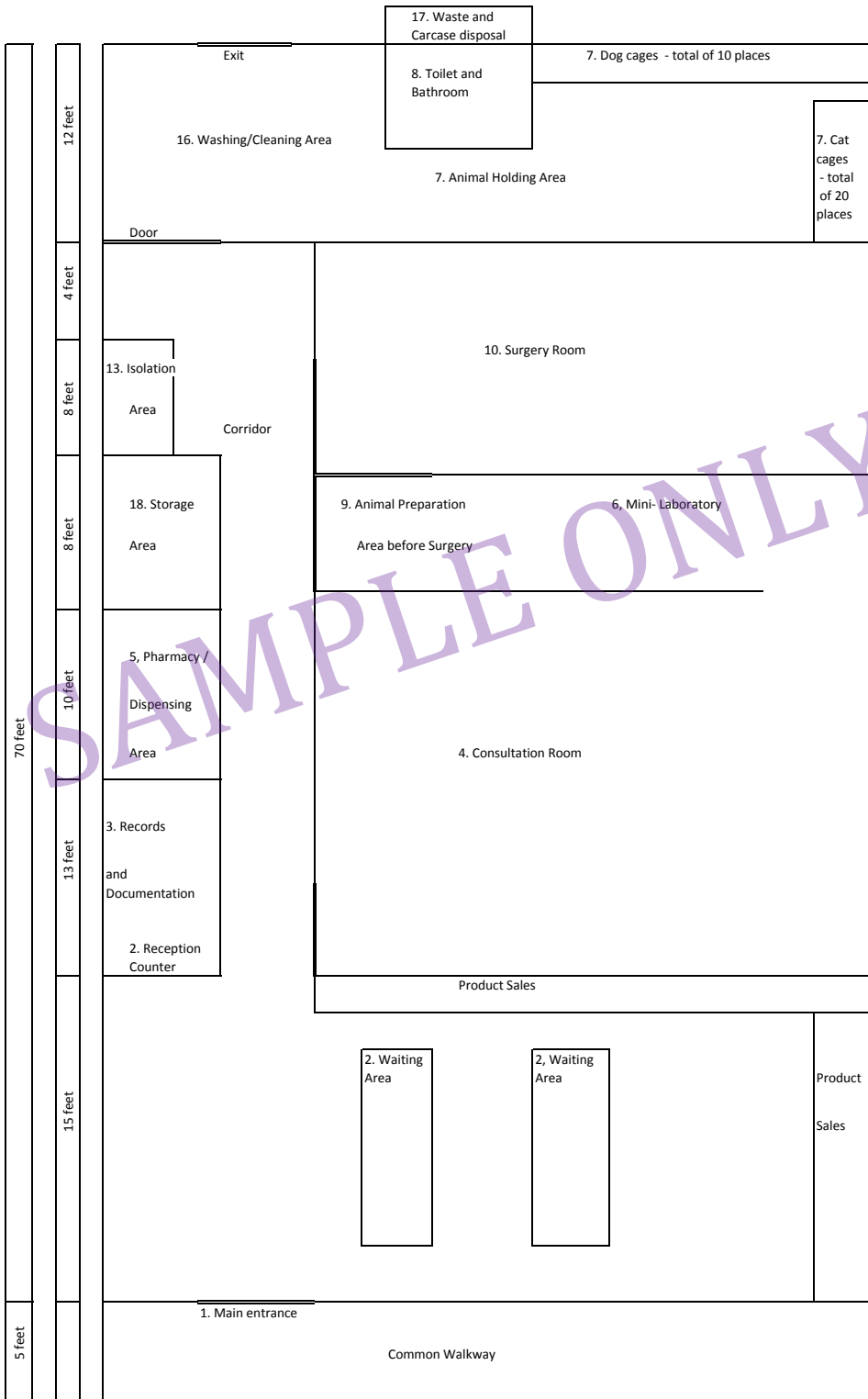
Opening Hours:
Mon-Fri : 10am to 5 pm

For emergency contact:
Tel No: 05-43323333

Services offered

General health check
Vaccination
Neutering
General soft tissue surgery
Boarding

Name of premise: **ABC Veterinary Clinic**



6 feet	5 feet	13 feet
24 feet		