

APPLICATION FORM FOR REGISTRATION OF PRACTICE FACILITY
(Veterinary Act No, 16 Sections 15 and 38)

TO:

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

I/We.....,
of (Postal address) do hereby apply
for registration of a veterinary hospital /clinic /centre / ambulatory service/ quarantine /
holding ground/ artificial insemination centre (underline what is applicable) to be
established at plot No..... Street/Village.....
District.....

The facility will be under the supervision of Dr..... a
Veterinarian with Registration no.....

I enclose the following documents:

- (a) A copy certificate of registration of the Supervising Veterinarian
- (b) Certificate (s) of qualification for the Animal health Assistants (Para veterinarians)
- (c) A legal contract between me (owner) and Dr..... (Supervisor of
the facility)
- (d) Receipt for application fee (Tshs 5,000/=) non-refundable.

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

Certified by:

Veterinary Inspector of..... District
Name.....
Signature..... Date.....

NOTE:

- You are advised to carry out self-evaluation of the facility before filling the application to ensure that your facility complies with the minimum legal requirements for registration.
- In order to do a self evaluation, you are advised complete the facility inspection form (check list), with reference to the rules relating to practice facility you are applying for registration.
- Any change of the supervising Veterinarian, whether temporary or permanent must be notified to the Registrar immediately.