

**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)*

<b><u>TYPE OF APPLICATION</u></b> : <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> New Premise <input type="checkbox"/> Change of Premise Layout <input type="checkbox"/> Partnership <input type="checkbox"/> Shifting of Premise <input type="checkbox"/> Change of Partnership			
<b>Full Name</b> <i>(in capital letters)</i>	<b>MVC</b> <b>Registration No.</b>	<b>Part</b>	<b>Current Annual</b> <b>Practicing Certificate No.</b>
1. <i>(Name of applicant)</i>			
2. <i>(Name of partners — if applicable)</i>			

**PARTICULARS OF PREMISE** :

1. Name of proposed premise	
2. Address of proposed premise	 _____ _____
3. Location: GPS Coordinates	

**INSTRUCTIONS** :

- (1). 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.**
- (2). 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.

.....  
Applicant's signature

.....  
Date

Premise stamp:

*\*\* Strike out whichever is not applicable*

**COMPANION ANIMAL - PREMISE AND PRACTICE**

**APPLICATION CHECKLIST**

**NAME OF PREMISE :**

<b>No.</b>	<b>Practise Components</b>	<b>Notes</b>
A.	<p>Premise –Signages/Plate intended or has been put up in/on the premise.</p> <p><b>ATTACHMENTS :</b> Sila berikan seperti berikut: Please provide:</p> <ol style="list-style-type: none"> <li>i. premise layout/floor plan with dimensions appropriately labeled and scaled with the name of practice and address clearly stated</li> <li>ii. photograph(s) of the premises (Front/Rear/Side and indicate the number of floors where applicable) clearly indicating location footage of the premise</li> <li>iii. actual wordings or text on the main signage/door; and</li> <li>iv. symbols or logo that are used to identify the practice</li> </ol>	<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>
<b>FOR OFFICE USE ONLY</b>		
B.	<b>Facilities (please label where applicable on the premise layout map/floor plan)</b>	<b>Indicate (number of units) where present</b>
	1. Main entrance	
	2. Reception and waiting area — Please indicate if mixed or there are separate areas for dogs and cats or other companion animals	
	3. Documentation and records storage area	
	4. Consultation area(s)	
	5. Pharmacy / Dispensary or Drugs/Poisons/Vaccines Storage area	
	6. In-house laboratory testing area	
	7. Animal holding/boarding area (a) Dog cages (b) Cat cages (c) Dog runs (d) Cat play area (e) Others (Please state and elaborate) —	
	8. Toilet	
	9. Animal preparation area prior to surgery (if present)	
	10. Surgery room/area (if present)	
	11. X-ray room (if present)	
	12. Post-surgery recovery / recuperation area (if present)	
	13. Isolation area (if present)	
	14. Visitation area/Quiet room (if present)	
	15. Staff resting area or offices (if present)	
	16. Washing and cleaning areas	

**COMPANION ANIMAL - PREMISE AND PRACTICE**

**APPLICATION CHECKLIST**

**NAME OF PREMISE :**

<b>No.</b>	<b>Practise Components</b>	<b>Notes</b>
<b>B.</b>	<b>Facilities (please label where applicable on the premise layout map/floor plan)</b>	<b>Indicate (number of units) where present</b>
	17. Waste and biologic waste disposal area, carcass storage and disposal area (if present)	
	18. Storage and Utility areas (if present)	
	19. Animal exercise area (if present)	
	20. Others (Please state) —	

## **SECOND SCHEDULE**

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

#### **Preamble**

All veterinary surgeons intending to commence/start a companion animal practice should have as endorsed a copy of the First Schedule (application form and checklist) and layout/flow plan of the practice approved by the MVC available for inspection by the officers of the Council.

#### **General**

A veterinary practice shall:

- a. be a permanent structure, so constructed to have a public entrance to allow animals to be placed in and to have features to prevent the escape of animals.
- b. have internal walls and floor surfaces, shelves and tables of such a nature that they can be properly cleansed and disinfected.
- c. have sufficient lighting to ensure the completion of procedures and preferably have alternate power supply to allow key activities to be performed.
- d. have kennels and animal housing that is secure, well lighted, well ventilated and washable. There must be adequate space for the preparation of food, washing and cleaning of feeding equipment. The floors must be easily cleaned and sanitized.
- e. The Consultation Hours shall be visibly specified.

#### **A. Categories of Companion Animal Veterinary Practice**

1. Clinic - services of vaccination, general health care, surgery and advisory.
2. Hospital – can perform all services offered by a clinic and shall provided an emergency service during off hours OR the hospital must operate on a 24-hour basis.

#### **B. Veterinary Clinic Standards – Specific requirements**

1. Every premise must ensure the safety of all persons and animals from injury and hazards (some examples of such hazards are but not limited to: fire, theft, escape of animals, animal bites).
2. Reception and records, communications and equipment.
3. Weighing machine(s) for animals.
4. Consultation room with a suitable surface for the examination of animals including facilities for emergency resuscitation (such as oxygen and delivery system). The

surfaces shall be made of materials that allows for easy cleaning and disinfection. A separate treatment room is recommended.

5. Storage cabinets, refrigerator and pharmacy (either in consult room or otherwise), lockable drug cabinet for psychotropic and dangerous drugs, appropriately stocked with medicines, and supplies for the practice of veterinary medicine which include disposables for injections, fluid therapy and wound treatment.
6. Surgical room – sufficiently equipped with a surgical table, appropriate lighting and surgical instruments, surgical supplies, autoclave facility and resuscitation apparatus (laryngoscope, endotracheal tubes of sufficient range for animals expected, ambu-bags for pediatric and adult, oxygen supply) and gas anaesthesia machine where present.
7. All animals shall be monitored after anaesthesia and should not be discharged unless adequately recovered, in a fully conscious and ambulatory state (Adequately recovered from anesthesia shall mean: In canines and felines – i.e. until the swallowing reflex has returned. In addition, in brachycephalic breeds until sternal recumbency can be maintained without assistance).
8. Ability to examine blood, urine and fecal samples and use test kits (The facility must have a microscope).
9. Optional: Additional equipment where applicable (in-house laboratory systems, orthopaedic, microsurgery, ultrasound machine, endoscopy, dental equipment - scaling , polishing and hand instruments)
10. Optional: Where X-ray facilities are present, a licensed room for radiography with developer facility and competent persons where required by law.
11. Should be able to hold animals for observation and boarding.
12. Appropriate disposal systems in place for sharps, wastes and biological matter (including carcasses by licensed contractors or approved otherwise).
13. Appropriate cleaning equipment for premises and recyclables
14. Staffing :
  - 14.1. At least one veterinary surgeon (registered with Malaysian Veterinary Council with an annual and valid annual practicing certificate)
  - 14.2. At least one Veterinary assistant/nurse or animal aide
  - 14.3. A cleaner and
  - 14.4. One receptionist (desirable)

### **C. Veterinary Hospital Standards – Specific requirements**

**(The requirements for a Veterinary Clinic Standards must already be in place)**

1. There must be an emergency service during off hours OR the hospital shall operate on a 24-hour basis.
2. There must be a properly run intensive care unit.

3. Microsurgical, endoscopic services, advanced ultrasonography and echography as well as electrocardiography are recommended.
4. Electroretinography, EEGs and BAERs are optional.
5. Advanced diagnostic imaging equipment are optional and certified personnel to manage and operate the equipment such as MRI, CT and fluroscopy must be available where services are offered.
6. In-house laboratory facilities needed for critical care must be available.
7. The biological wastes and carcasses must be either incinerated or otherwise disposed of by licensed contractors.
8. Standard operating procedures developed for registration, consultation, admission, diagnostic procedures, medical care, surgery, post-surgery recovery and care, intensive care, emergency and discharge
9. Staffing:
  - 9.1 A hospital administrator is recommended
  - 9.2 Competent persons to provide intensive/critical care for patients and equipment for which services are offered.

**D. OTHER REQUIREMENTS - APPLICABLE TO ALL VETERINARY PRACTICE CATEGORIES WHERE APPROPRIATE**

**D1. MINIMUM STANDARDS FOR HOUSE CALLS WHEN A VEHICLE IS USED**

*(The requirements as described in the Veterinary Surgeons - Guide to Professional Conduct and Ethics 2013 or its updated version shall apply)*

- a. A vehicle used for house calls from an approved physical landed based premise shall be maintained in clean and sanitary condition;
- b. The vehicle shall contain those items of equipment that are necessary for the veterinary surgeon to perform physical examinations and emergency treatment consistent with the standards of the profession.
- c. The veterinary surgeon undertakes to
  - (i) maintain the dignity of the profession in that house call services are rendered as exceptional and not as routine practice;
  - (ii) ensure when medicines and biologics are used, they comply with regulations in force for use, sale, prescription, dispensing and storage;
  - (iii) have equipment for the disposal or collection of all wastes including sharps, biological and other medical wastes and carcasses, if required; and
  - (iv) ensure when in contact with known infectious diseases special precautions must be taken to prevent transmission of infectious agents.

## **D2. USE OF VEHICLES FOR THE TRANSPORT OF ANIMALS TO AND FROM PRACTICE**

- a. The primary purpose of the vehicle is for the transport of animals in a good state of welfare to and from an approved physical base landed premise for the practice of veterinary medicine. The following applies to the vehicle:
  - (i) owned by the practice and
  - (ii) professional standards maintained at all times.
  
- b. The vehicle shall comply with the following structural and procedural requirements:
  - (i) it shall be maintained in an acceptable condition and appearance;
  - (ii) where animals are to be placed in should,
    - be constructed of materials that are impervious and that can be cleaned and disinfected;
    - carry a supply of water and have adequate lighting and ventilation,
    - take into account the comfort and welfare of the animal and
    - be designed to prevent the escape of the animal.
  
- c. When in contact with known infectious diseases special precautions must be taken to prevent transmission of infectious agents.

## **D3. MOBILE CLINIC**

**(The requirements for use of vehicles for house calls and vehicle used for the transport of animals to and from practice must already be in place)**

Unless approved by the Council or exempted, mobile clinics (vehicles equipped sufficient for its purpose and for which the practice of veterinary medicine must take place in the vehicle) for public service or for the teaching of students or if allowed for where veterinary services are hard to reach as in rural areas of the country are not allowed. The general consideration is that it shall have an approved physical landed base premise from which services are provided for.

The considerations for an approval of an application for the associated premise shall follow the same requirements as in Para 5 of this Directive.

End/.

**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)*

<b>TYPE OF APPLICATION :</b> <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>
3. Location: GPS Coordinates	<i>N 04.22544 E 100.38353</i>

**INSTRUCTIONS :**

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><b>ATTACHMENTS :</b> Please provide:</p> <ol style="list-style-type: none"> <li>i. premise layout/floor plan with dimensions appropriately labeled and scaled with the name of practice and address clearly stated</li> <li>ii. photograph(s) of the premises (Front/Rear/Side and indicate the number of floors where applicable) clearly indicating location footage of the premise</li> <li>iii. actual wordings or text on the main signage/door; and</li> <li>iv. symbols or logo that are used to identify the practice</li> </ol>	<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>
<b>FOR OFFICE USE ONLY</b>		
<b>B.</b>	<b>Facilities (please label where applicable on the premise layout map/floor plan)</b>	<b>Indicate (number of units) where present</b>
	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>

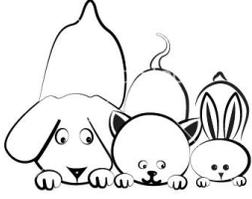
**COMPANION ANIMAL - PREMISE AND PRACTICE**

**APPLICATION CHECKLIST**

**NAME OF PREMISE : ABC VETERINARY CLINIC**

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

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)

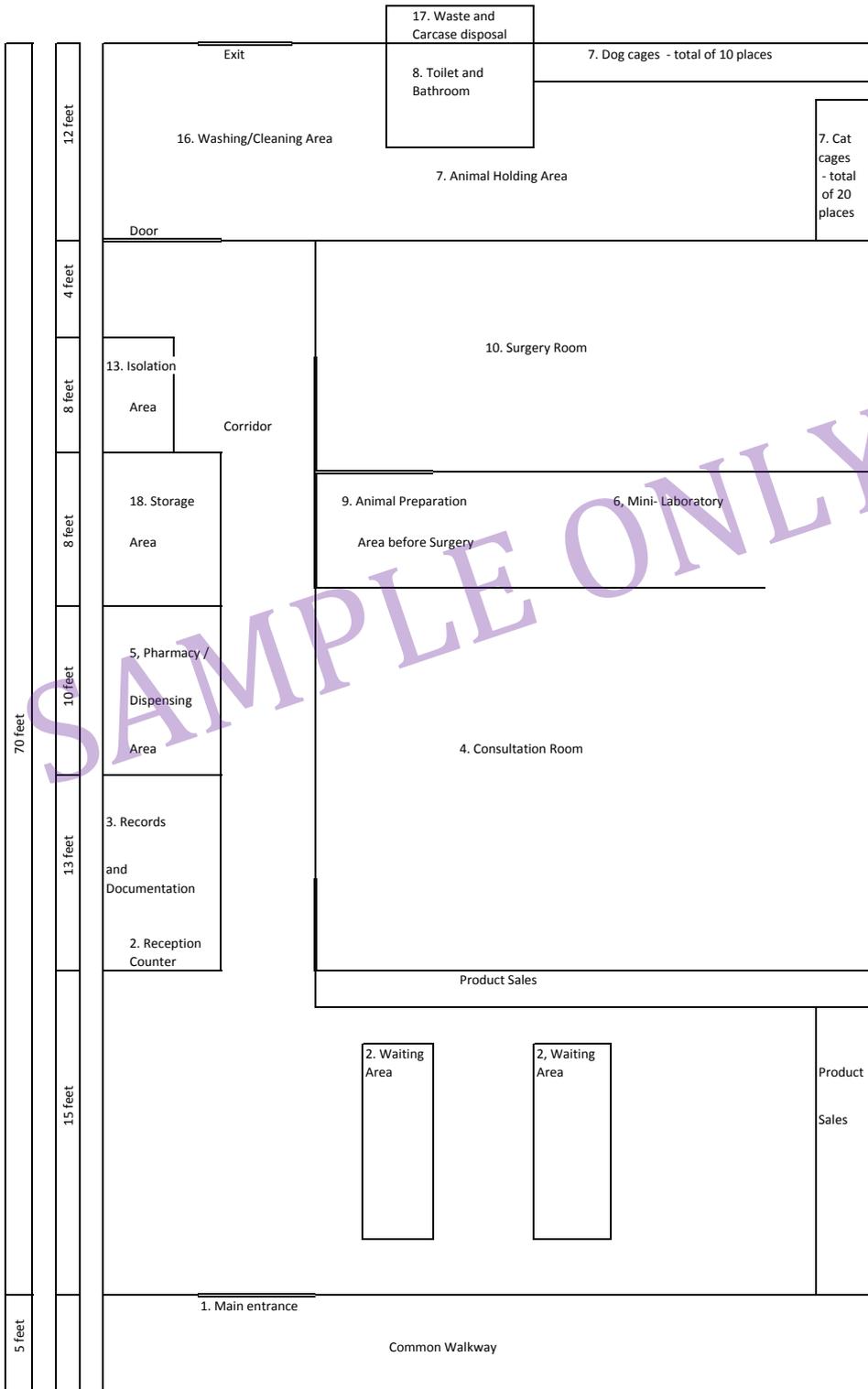
**Opening Hours:**  
Mon-Fri : 10am to 5 pm

**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		