**REGISTRATION FORM FOR E-VET-DISPENSARIES**

General Information

***Registrant’s Particulars***

|  |  |
| --- | --- |
| Salutation/ Title: |  |
| Name: |  |
| Nationality: |  |
| Sex: |  |
| Date of Birth (DD/MM/YYYY): |  |
| Designation: |  |
| Office Tel No: |  |
| Home Tel No: |  |
| Mobile No: |  |
| Fax No: |  |
| Email: |  |

***Company Details***

|  |  |
| --- | --- |
| Name of Company: |  |
| UEN: |  |
| Company Registered Address: |  |
| Type of Premises: |  |
| Mailing Address: | Same as Company Registered Address |
| Company Tel No: |  |
| Company Email: |  |
| 24-Hour Tel No: (in event of emergencies eg. recalls) |  |
| Parent Company: (if applicable) |  |
| Associated Veterinary Centres or Animal-Related Businesses:  (if applicable) |  |

Information on Veterinarian-In-Charge

***Veterinarian-In-Charge***

|  |  |
| --- | --- |
| Name of Veterinarian-in-charge |  |
| Licence Number: |  |

Information on products supplied

***Type of products supplied at e-vet-dispensary***

***(Select all that apply\*)***

Prescription Animal Medicines

Non-Prescription Over-The-Counter Animal Medicines

Prescription Human Medicines (off-label for animal use)

Active Pharmaceutical Ingredients

Pet Food/Pet Treats

Pet Supplements

Pet Accessories

Test Kits

Others (please specify):

Information on IT Domain

|  |  |
| --- | --- |
| Domain Name: |  |
| Ecommerce Platform: |  |

Standard Operating Procedures (SOP) and Records

*Please use this checklist to ensure that the necessary SOPs and records are available for inspection:*

|  |  |  |
| --- | --- | --- |
| **SOPs/Records** | | **Comments** |
| SOP on personnel and premises, including information on:   * Staff training/qualifications * Cleaning/pest control programmes * Security of storage site | Yes  No  N/A |  |
| Information on IT System – to ensure privacy (patient information), security (authorised access), traceability (audit trail) | Yes  No  N/A |  |
| SOP for receiving, validating, and processing prescriptions, including:   * Roles and responsibilities of staff in each step * Workflow on processing prescriptions with repeats | Yes  No  N/A |  |
| SOP for stock receiving, storage, packing & deliveries, including information on:   * Cold chain product management * Measures to ensure that the medications are delivered to the intended recipients and not left unattended | Yes  No  N/A |  |
| SOP on handling product complaints, returns, recalls and defective products | Yes  No  N/A |  |
| SOP on product disposal | Yes  No  N/A |  |
| SOP on internal audits to ensure compliance with in-house written procedures, relevant guidance notes and legislative requirements | Yes  No  N/A |  |
| Information on outsourced activities (if any) | Yes  No  N/A |  |

Licences

*Please provide an electronic copy of the following licences.*

|  |  |
| --- | --- |
| Licences from HSA (eg. Form A Poisons Licence, Therapeutic Products Importers Licence etc) |  |
| Licences from NParks (eg. Vet Center Licence, Vet Licence) |  |

*Last reviewed: 14th September 2023*