**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*