

## 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:            | <input type="checkbox"/> 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: <ul style="list-style-type: none"><li>- Staff training/qualifications</li><li>- Cleaning/pest control programmes</li><li>- Security of storage site</li></ul>                                                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| Information on IT System – to ensure privacy (patient information), security (authorised access), traceability (audit trail)                                                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| SOP for receiving, validating, and processing prescriptions, including: <ul style="list-style-type: none"><li>- Roles and responsibilities of staff in each step</li><li>- Workflow on processing prescriptions with repeats</li></ul>                                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| SOP for stock receiving, storage, packing & deliveries, including information on: <ul style="list-style-type: none"><li>- Cold chain product management</li><li>- Measures to ensure that the medications are delivered to the intended recipients and not left unattended</li></ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| SOP on handling product complaints, returns, recalls and defective products                                                                                                                                                                                                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| SOP on product disposal                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| SOP on internal audits to ensure compliance with in-house written procedures, relevant guidance notes and legislative requirements                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |          |
| Information on outsourced activities (if any)                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> 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: 14<sup>th</sup> September 2023*

### Statement of Declaration for Registration of e-veterinary-dispensary

*(Please sign the declaration, scan and submit with the registration form)*

I, \_\_\_\_\_ (Name of Registrant), \_\_\_\_\_ (NRIC/Passport/FIN),  
declare that the information provided in the registration form and supporting documents for the  
registration of e-vet-dispensary is correct and true to the best of my knowledge. I am fully aware  
that the registration may be rejected or revoked if a false declaration is made.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date