

Premise self assessment form

Veterinary Manager _____ Registration No _____

Name of Premises _____

Address of Premises _____

Date: _____

GENERAL

Meets required
standard

Does not meet
required standard

External appearance

Signs (for identification)

Sign on door (for after hours emergencies)

Parking facilities

Provision for after hours service

Yes

No

Disabled access

Yes

No

Comments:

WAITING AREA

Meets required
standard

Does not meet
required standard

General appearance

Adequate space

Adequate seating

Condition of floor

Availability of toilets

Yes

No

Storage of drugs

Comments:

RECEPTION AREA

Meets required standard

Does not meet required standard

General appearance

Attitude of reception staff

Adequate information signs

Sufficient working space

Record Keeping System

Programme Name

Fair Trading certificate

Yes

No

Current VSB register certificate

Yes

No

Comments:

OFFICE

Meets required standard

Does not meet required standard

Sufficient space

Reference books

Yes

No

Space to research

Yes

No

Professional indemnity cover

Yes

No

Comments:

STAFF

Number of veterinary surgeons _____

Number of registered nurses _____

Number of authorised trainee nurses _____

Number of lay staff _____

Comments:

CONSULTING ROOM

**Meets required
standard**

**Does not meet
required standard**

General appearance

Lighting and space

Hand washing facilities

Washable tops and surfaces

Impervious floors

Drug storage

Computer available

Yes

No

Comments:

TREATMENT ROOM**Meets required
standard****Does not meet
required standard**

Adequate space

Hot & cold water facilities

Ancillary equipment

Floors

Fire/Protec Extinguishers

Anaesthetic machine

Autoclave

Ventilation

Recovery cages/beds

Storage of opened S4/S8's

Comments:

SURGICAL THEATRE**Meets required
standard****Does not meet
required standard**

Scrub area – asepsis etc

Lighting

Surgery table

Maintenance of sterility

Floors

Anaesthetic machine

Scavenger system

Storage of drugs

Emergency Kit – storage

Comments:

DOG WARD

**Meets required
standard**

**Does not meet
required standard**

Adequate space overall

Kennel construction

Impervious walls and floors

Sound proofing

Separate caging

Ventilation

Cleaning ability

Cage/Animal identification

Adequate exercise area

Comments:

CAT WARD

**Meets required
standard**

**Does not meet
required standard**

Adequate space overall

Kennel construction

Impervious walls and floors

Sound proofing

Separate caging

Ventilation

Cleaning ability

Adequate exercise area

Cage/Animal identification

Comments:

ISOLATION WARD

Meets required standard

Does not meet required standard

Appropriately separated

Separate for dogs & cats

Yes

No

Adequate space overall

Kennel construction

Impervious walls and floors

Sound proofing

Ventilation

Cleaning ability

Adequate exercise area

Cage/Animal identification

Comments:

EXOTIC WARD

Meets required standard

Does not meet required standard

Adequate space overall

Ventilation

Cleaning ability

Cage/Animal identification

Separate from other wards

Yes

No

Comments:

WASTE DISPOSAL

Meets required standard

Does not meet required standard

Soiled bedding

Used syringes & needles

Cadavers

Deep-freeze

Separate staff/animal fridges

Yes

No

Comments:

DRUGS

Meets required standard

Does not meet required standard

Separate locked pharmacy

Lockable poisons cupboard

Ability to trace S4's

Storage of S4 drugs

Storage of S8 drugs

Use of S8 register

Comments:

RADIOGRAPHY

Meets required standard

Does not meet required standard

Separate room	<input type="checkbox"/>	<input type="checkbox"/>
Licensed x-ray machine	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>
Film storage	<input type="checkbox"/>	<input type="checkbox"/>
X-ray identification	<input type="checkbox"/>	<input type="checkbox"/>
Record book	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitoring – badges	<input type="checkbox"/>	<input type="checkbox"/>
Type of developer	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

LARGE ANIMAL FACILITIES

Meets required standard

Does not meet required standard

Adequate treatment area	<input type="checkbox"/>	<input type="checkbox"/>
Adequate hospital facilities	<input type="checkbox"/>	<input type="checkbox"/>
Handling facilities (crush etc)	<input type="checkbox"/>	<input type="checkbox"/>
Surgical facilities	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning facilities	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PATHOLOGY

Meets required standard

Does not meet required standard

Equipment, microscope

Equipment, minor

Equipment, major

Laboratory service _____

Comments:

STAFF ROOM

Meets required standard

Does not meet required standard

Availability of staff chairs/table

Separate staff fridge

Yes

No

Toilet/Hand washing facilities

Yes

No

Availability of amenities

Yes

No

Comment:
