

OWNER'S REF	
PREMISES' REF	
STATUS	
VISIT DUE BY DATE	



ASSURING THE SAFETY, QUALITY AND EFFICACY OF VETERINARY MEDICINES

[Boxes for office use only]

The Veterinary Medicines Regulations

Application for Approval of Premises to Retail Supply Veterinary Medicinal Products by Suitably Qualified Persons (SQPs)

Please indicate the type of approval you wish to apply for:-

Office Use	Premise Type	<u>Activity for which approval is required</u>	Fee Payable	Tick ✓
1601	AM	Retail supply of Veterinary Medicinal Products classified as POM-VPS & NFA-VPS	£265	
1604	AS	Retail supply of Veterinary Medicinal Products for the treatment of Horses & Companion Animals Only	£145	
1607	AJ	Retail supply of Veterinary Medicinal Products for the treatment of Equines Only	£145	
1610	AC	Retail supply of Veterinary Medicinal Products for the treatment of Companion Animals Only	£110	

Veterinary Medicines Directorate

Woodham Lane, New Haw, Addlestone, Surrey KT15 3LS

Telephone (01932) 338475 Fax (01932) 336618 email: inspectons@vmd.defra.gsi.gov.uk

Website: www.vmd.defra.gov.uk



The Veterinary Medicines Directorate is an Executive Agency of the Department for Environment, Food and Rural Affairs



SQP Retailer's Application Form

PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM
IN BLOCK CAPITALS

Section 1 Applicant's Details

Owner's Reference Number
[If known]

Applicant's Name

Corporate Body/
Company Name

Address

Post Code:

Telephone No

Mobile No

Fax No

E-mail address

Website

Section 2 Premises Details

[where activity will be carried out]

Trading Name

*[if different from applicant's/
corporate body or company
name]*

Address

*[if different from
applicant's address]*

Post Code: _____

Telephone No

Mobile No

Fax No

E-mail address

Website

Opening Hours

	AM	PM
Weekday Opening <i>(inc Saturdays)</i>
Sunday Opening
Early Closing day
Market Day

Expected Date of
Opening

Do you hold any other VMD approval(s)/authorisation(s) for these premises? YES/NO

If so, please provide the premises reference number(s).

Section 3 Suitably Qualified Persons
[Responsible for Premises]

Title
[delete where applicable]

First Name(s)

Surname

AMTRA / GPhC /
RCVS Membership No
[delete where applicable]

Telephone No

Mobile No

Fax No

E-mail address

Title
[delete where applicable]

First Name(s)

Surname

AMTRA / GPhC/
RCVS Membership No
[delete where applicable]

Telephone No

Mobile No

Fax No

E-mail address

Section 4 Declaration

Please Note:

A separate application form must be submitted for each premises for which approval is required.

Declaration

I confirm that I have read the requirements for approval as an SQP retailer of veterinary medicinal products under the current Veterinary Medicines Regulations, and hereby declare that the said premises, equipment and procedures meet the requirements^[1] and are ready for inspection.

[Please note that once an application has been received and an approval inspection carried out, fees are not refundable]

Signed: _____ Date: _____

Print Name: _____

Position in Company: _____

The completed application form, along with appropriate fee (cheques to be made payable to **Veterinary Medicines Directorate**), should be returned to:

**The Cashier
Veterinary Medicines Directorate
Woodham Lane
New Haw
ADDLESTONE
Surrey KT15 3LS**

[If you wish to pay by bank transfer, the details are as follows:

Bank: **Citi Direct** Account No: **12265923** Sort Code: **08-33-00**
Account Name: **GBS – Re DEFRA-VMD]**

The Veterinary Medicines Directorate will use the information you have compulsorily provided to fulfil its statutory functions, which includes publishing the premises address in the Register of Approved SQP Retailers Premises. Otherwise, the information will not be disclosed to third parties without your consent. The information held is subject to current data protection legislation.

^[1] The summary of requirements for premises approval can be found in Veterinary Medicines Guidance Note 3 – *Guidance for Retailers* and in the *Code of Practice for Suitably Qualified Persons (SQPs)* on the VMD website: www.vmd.defra.gov.uk or by contacting the Inspections Administration Team on: 01932 338475 or inspections@vmd.defra.gsi.gov.uk