



Application to the Chief Executive for an approval for animal management and/or welfare

Animal management and/or welfare form

- This form is to be used to apply for an approval for animal management and/or welfare purposes pursuant to the [Health \(Drugs and Poisons\) Regulation 1996](#).
- Please print clearly or complete electronically, date and sign. Answer all questions in full.
- All documents requiring signature must bear the original signature in ink and be retained by the applicant.
- Certified evidence of identity must be included with this application such as a drivers licence, passport or Adult Proof of Age Card.
- Certified documents must bear the original signature, name and occupation of an authorised identifier (i.e. Justice of the Peace, Commissioner for Declarations, police officer, solicitor or an officer from a local [Public Health Unit](#)).
- Applications must be scanned and emailed to HARU@health.qld.gov.au and original documents retained by the applicant to be produced if requested.

Information about the approval

- Approvals will be granted to individuals working/volunteering for or contracted to Government agencies (local or State), prescribed entities under the *Animal Care and Protection Act 2001* or Animal Care and Protection Regulation 2012, or entities who possess a relevant permit from the Department of Environment and Science or a licence for exhibited animals from the Department of Agriculture and Fisheries.
- A separate application is required for an animal control officer (employee) of a local government to possess and administer Schedule 4 medicines.
- Schedule 4 medicines used for euthanasia, sedation prior to euthanasia, or transporting animals for subsequent treatment by a registered veterinary surgeon will be approved. See the list of medicines in Section 7 of this form.
- For applicants employed by certain government agencies and the Royal Society for the Prevention of Cruelty to Animals—Queensland, approval for the use of Schedule 4 vaccines will also be considered. If you require any additional medicines, please contact the Department of Health.
- Schedule 4 medicines are listed in the current Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) published by the Commonwealth under the [Therapeutic Goods Act 1989](#).
- Approvals may be granted subject to certain conditions as listed in the approval and the [Guideline – Animal welfare approval](#).
- Further information is available via the Department of Health or telephone (07) 3708 5264.

1. Purpose

Is the application for the Chief Executive Officer of a local government agency to obtain, possess and issue Schedule 4 medicines to an employee of the respective local government (approval holder)? Yes No

Note: If yes, you do not need to complete Sections 5 or 9.

Does the applicant work for a Government agency (local or State Government) Yes No

Does the applicant work for a prescribed entity under the *Animal Care and Protection Act 2001* or Animal Care and Protection Regulation 2012? Yes No

Does the applicant work for an organisation that possesses a relevant permit from the Department of Environment and Science or a licence from the Department of Agriculture and Fisheries? Yes No

2. Reason/s for approval

3. Period of approval

Period for which approval is required (2 year maximum)

4. Applicant details

Title		Given name	
Surname			
Date of birth			
Phone number			
Mobile number			
Email			
Residential address			
P/C		State	
Postal address		Same as residential <input type="checkbox"/>	
P/C		State	
Current position (also state if you are employed, contracted or a volunteer)			

5. Qualifications and training

Refer to the [Guideline – Animal welfare approval](#) for further information regarding qualifications and training. Please tick all that apply:

I have Registered Training Organisation (RTO) qualifications relevant to the safe administration and use of scheduled medicines and have attached a certified copy of my certificate of successful completion.

I have received training from a Queensland Registered Veterinary Surgeon working/volunteering for or contracted to my employer equivalent to RTO training competencies and have attached a copy of a competency checklist signed by the veterinary surgeon indicating successful completion.

6. Employer details

Employer name	
Company number (ACN)	Permit/Licence number (if applicable)
Business name	
Business address	
P/C	State
Postal address	Same as business <input type="checkbox"/>
P/C	State
Contact person for approval at the entity	
Title	Given name
Surname	
Contact email	
Contact phone number	

7. Scheduled medicines requested

What scheduled medicines are you requesting to use? Please tick all that apply:

- Alfaxalone (Alfaxan)
- Zolazepam/tiletamine (Zoletil)
- Acepromazine (ACP)
- Xylazine (Xylazil)
- Sodium Pentobarbitone (Lethabarb)
- F3 Feline Herpes, Calicivirus, Panleukopenia

<input type="checkbox"/>	C3 Distemper, Adenovirus, Parvo Living
<input type="checkbox"/>	C4 Distemper, Adenovirus, Parvo Living and Parainfluenza Living
<input type="checkbox"/>	C5 Distemper, Adenovirus, Parvo Living, Bordetella Bronchiseptica & Parainfluenza Living

8. Storage description

Schedule 4 medicines must be held at all times in secure, locked storage. The keys to such storage must be kept in the personal possession of the approval holder or an authorised person. **Note: an inspection of premises/storage conditions may be undertaken by an authorised inspector of Queensland Health as part of the approval process.*

Identifying name (name of premises, building etc.)

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Street address (include shed/unit number)

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P/C	State
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Type of storage (details of vehicle, room, receptacle)

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Security measures (lockable storage, key possession etc.)

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9. Endorsement by veterinary surgeon

Note: This section does not apply if you are the Chief Executive Officer of a local government.

This section is to be completed and signed by the employer's Queensland registered veterinary surgeon as an endorsement that the applicant has current competency to fulfil the requirements of the employer, and to undertake activities with medicines as per the employer's protocol.

Further information for veterinary surgeons is provided in the [Guideline – Animal welfare approval](#).

I confirm that I have personally trained (*applicant name*)

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in the administration and use of the Schedule 4 medicines listed in Section 7, as per the employer's protocol. I believe the applicant is competent to follow the employer's protocol when administering and using these Schedule 4 medicines.

I confirm that I have endorsed the employer's protocol for the competencies required, and the procedures for the safe and effective use of scheduled medicines.

Title	Given name

Surname

Registration number

Email

Signature	Date

10. Employer endorsement

This section needs to be completed by the applicant's employer or supervisor.

The named applicant is working/volunteering for or contracted to (*insert employer's name—the entity*)

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and is required to possess and administer the Schedule 4 medicines indicated on this form at Section 7 as part of his/her animal welfare duties. A protocol document as described in the [Guideline – Animal welfare approval](#), has been written or endorsed by a registered veterinary surgeon working/volunteering for or contracted to the entity.

The protocol has been submitted with this application.

The protocol document will undergo appropriate review, update and endorsement by a registered veterinary surgeon every three years.

Proof of indemnity insurance cover has been submitted with this application (where applicable).

Note: The Department of Health does not approve or endorse protocol documents.

Employer/supervisor details

Title	Given name

Surname

Contact number	
Email	
Signature	Date

11. Disclosure by the applicant

Have you, the applicant:

been convicted of an indictable offence (drink driving and traffic offences are not indictable offences)? Yes No

been convicted of an offence against the [Health Act 1937](#) or the Health (Drugs & Poisons) Regulation 1996 or a repealed corresponding law? Yes No

held an approval granted under the [Health \(Drugs and Poisons\) Regulation 1996](#) or a repealed provision or a corresponding law that was suspended or cancelled? Yes No

ever been refused an approval under the [Health \(Drugs and Poisons\) Regulation 1996](#) or a repealed provision or a corresponding law? Yes No

**If any questions are answered 'YES', please attach documentation that provides details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of Section 15 of the Health (Drugs and Poisons) Regulation 1996 are met, the Department of Health may in certain circumstances, provide the information contained in this application to relevant external agencies.*

12. Declaration

I consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application.

I declare that the information stated by me on this application form and accompanying this application is true, correct and complete.

I understand and agree to comply with the relevant provisions of [Health \(Drugs and Poisons\) Regulation 1996](#) and the [Guideline – Animal welfare approval](#).

Full name

Signature Date

Applications must be forwarded by EMAIL to:

Chief Executive
Healthcare Approvals & Regulation Unit
HARU@health.qld.gov.au

Privacy Statement: The Department of Health provides this form under the [Health \(Drugs and Poisons\) Regulation 1996](#). The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

The [Information Privacy Act 2009](#) sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our [website](#).