**REGISTRATION FORM**

|  |  |
| --- | --- |
| mySavsnet AMR logo | The Small Animal Veterinary Surveillance Network Antibiotic Prescription Tracker |

Please submit this form along with your consent form and data spreadsheet. We will use this information to manage your data and also as part of our ongoing research into factors impacting antibiotic prescription. As stipulated in the consent form, these data will be kept anonymous and only used for the indicated purpose.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details of person submitting the data** | | | | | | | | | | | |
| Contact name: |  | | | | | | | | | | |
| Contact telephone number: |  | | | | | | | | | | |
| Contact email address: |  | | | | | | | | | | |
| **Veterinary practice details** | | | | | | | | | | | |
| Veterinary practice name: |  | | | | | | | | | | |
| Main site address: |  | | | | | | | | | | |
| Main site postcode: |  | | | | | | | | | | |
| Number of sites: |  | | | | | | | | | | |
| Practice management system: |  | | | | | | | | | | |
| **Number of veterinary surgeons and nurses** | | | | | | | | | | | |
| Total number of veterinary surgeons employed by the practice (full time equivalents): |  | | | | | | | | | | |
| Number of veterinary surgeons with advanced qualifications (full time equivalents):  NOTE: an individual practitioner may appear under several headings | MSc | | | | |  | |  |  |  | |
| PhD | | | | |  | |  |  |
| Certificate | | | | |  | |  |  |
| Diploma | | | | |  | |  |  |
| RCVS Advanced Veterinary Practitioner | | | | |  | |  |  |
| Specialist status (European, American or RCVS) | | | | |  | |  |  |
| RCVS Fellowship | | | | |  | |  |  |
| Total number of employed registered veterinary nurses by the practice (full time equivalents): |  | | | | | | | | | | |
| **PTO** | | | | | | | | | | | |
| *Please tick any of the following that best describe your practice:* | | | | | | | | | | | |
| Case load: | First opinion |  | Referral | |  | | Emergency | | |  | |
| Out-of-hours provision: | Manage own cover | |  | Externally provided | | | | | |  |  |
|  | | | | | | | | | | | |
| *Please tick if at least one site within your practice has the following RCVS accreditation statuses:* | | | | | | | | | | | |
| Small animal: | No accreditation | |  | Core standards | | | | | |  |  |
| General practice | |  | Veterinary hospital | | | | | |  |  |
| Emergency service clinic | |  |  | | | | | | | |
| Farm animal: | No accreditation | |  | Core standards | | | | | |  |  |
| General practice | |  |  | | | | | | | |
| Equine: | No accreditation | |  | Core standards | | | | | |  |  |
| General practice | |  | General practice - ambulatory | | | | | |  |  |
| Veterinary hospital | |  |  | | | | | | | |
| Range of species treated by your practice: | Dog |  | Cat | |  | | Rabbit | | |  | |
| Exotic |  | Cattle | |  | | Sheep | | |  | |
| Pig |  | Poultry | |  | | Other farm | | |  | |
| Horse |  | Other equid | |  | | Other species | | |  | |
| **Data submission details** | | | | | | | | | | | |
| Does the provided data originate from: | Whole practice |  | **I confirm that I am permitted to access the submitted data within my practice and will only use the supplied feedback for internal confidential practice audit.**  **Tick to confirm** | | | | | | | | |
| Site within a practice |  |
| Individual prescriber  (please continue to next section) |  |
|  |  |  |  | | | | | | | | |

**If you are submitting data from a single veterinary surgeon, please continue to the next section.**

**If you are submitting data from more than one veterinary surgeon then you can stop here** **and submit this form along with your consent form and data spreadsheet to savsnet@liverpool.ac.uk.**

**Thank you**

This supplementary form is only to be completed if the data you are submitting to mySavsnet AMR originates from only a single **individual prescriber**. Please ensure that you have permission from the prescriber before submitting data.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details of individual prescriber (if different to details above)** | | | | | | | | | |
| Contact name: |  | | | | | | | | |
| Contact telephone number: |  | | | | | | | | |
| Contact email address: |  | | | | | | | | |
| **Further details of individual prescriber** | | | | | | | | | |
| Qualification date (year): |  | | | | | | | | |
| University of qualification: |  | | | | | | | | |
| Advanced qualifications of the individual prescriber: | MSc | | | |  | |  |  |  |
| PhD | | | |  | |  |  |
| Certificate | | | |  | |  |  |
| Diploma | | | |  | |  |  |
| RCVS Advanced Veterinary Practitioner | | | |  | |  |  |
| Specialist status (European, American or RCVS) | | | |  | |  |  |
| RCVS Fellowship | | | |  | |  |  |
| Range of species treat by the individual prescriber at their current veterinary practice: | Dog |  | Cat |  | | Rabbit | | |  |
| Exotic |  | Cattle |  | | Sheep | | |  |
| Pig |  | Poultry |  | | Other farm | | |  |
| Horse |  | Other equid |  | | Other species | | |  |

Please now submit this form along with your consent form and data spreadsheet to savsnet@liverpool.ac.uk

**Thank you**