

ANIMAL HEALTH ATTESTATION

Particulars of Owner

Name: _____
ID/Reg No: _____
Tel: _____
Email: _____
Farm Address: _____

Particulars of Private/State Veterinarian

Name: _____
Tel: _____
Email: _____
Physical Address: _____

INCLUDE FARM NAME, PARCEL NUMBER AND DISTRICT

Particulars of Stock:

Number	Breed	Sex	Colour	Brand/Tattoo Mark

1) Have any of these diseases been diagnosed on the farm of origin in the last year?

- | | | |
|------|-----------------------------------|--|
| 1.1 | Brucellosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.2 | Tuberculosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.3 | Paratuberculosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.4 | Infectious Bovine Rhinotracheitis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.5 | Leptospirosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.6 | Blue Tongue | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.7 | Thrichomonas Fetus | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.8 | Campylobacter Fetus | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.9 | Enzootic Bovine Leucosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.10 | Rabies | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.11 | Lumpy Skin | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.12 | Rift Valley Fever | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.13 | Bovine Viral Diarrhoea | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.14 | Foot-and-Mouth Disease | YES <input type="checkbox"/> / NO <input type="checkbox"/> |
| 1.15 | Other _____ | YES <input type="checkbox"/> / NO <input type="checkbox"/> |

2) Have the abovementioned animals been vaccinated against the following diseases? If Yes, when.

- | | | | |
|-----|-------------------|--|-------|
| 2.1 | Lumpy Skin | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.2 | Rift Valley Fever | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.3 | Rabies | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.4 | Brucellosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.5 | B.V.D. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.6 | Blue Tongue | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.7 | Foot-and-Mouth | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.8 | I.B.R. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 2.9 | Other _____ | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |

(Black Quarter, Bothax, Anthrax)

3) Were any samples tested at a lab for? If Yes, when.

- | | | | |
|-----|---------------|--|-------|
| 3.1 | Brucellosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.2 | Tuberculosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.3 | Sheath washes | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.4 | B.V.D. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.5 | I.B.R. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.6 | Leucosis | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |
| 3.7 | Other _____ | YES <input type="checkbox"/> / NO <input type="checkbox"/> | _____ |

4) Have there been any unexpected animal deaths on the farm of origin in the last 28 days? YES ☐ / NO ☐

5) Since when were the abovementioned animals kept on the farm of origin? _____

6) When last were any new animals introduced on the farm of origin? _____

7) Is the farm currently under quarantine? YES ☐ / NO ☐ If Yes, explain. _____

Hereby I, _____,
as the owner/duly authorised representative of the owner,
declare that I examined the abovementioned animals and that
the animals were clinically healthy and clinically free from
any communicable disease.

Date: _____ Signature: _____

Hereby I, _____,
as the private veterinarian/state veterinarian/animal health
technician, declare that I examined the abovementioned
animals and that the animals were clinically healthy and
clinically free from any communicable disease.

Date: _____ Signature: _____

TAG NUMBERS

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**PROVINCE OF THE EASTERN CAPE
DEPARTMENT OF RURAL DEVELOPMENT AND AGRARIAN REFORM
VETERINARY SERVICES**

**MEAT SAFETY ACT, 2000 (ACT 40 OF 2000)
RED MEAT REGULATIONS 2004 (R1072) PART VI A 79 (2)**

DECLARATION OF HEALTH AND ORIGIN OF SLAUGHTER ANIMALS

DETAILS OF OWNER OF ANIMALS AND FARM												
Name				Physical Address								
Farm of Origin				Municipality								
Farm number				Postal Address								
Telephone No	Fax No			Cell No	e-Mail address							
DESCRIPTION OF ANIMALS DESTINED FOR SLAUGHTER												
Species	Cattle	Sheep	Goats	Pigs	Other							
No of animals												
Mortality Rate - %												
Describe Health Status of the Herd												
DETAILS OF MEDICATION ADMINISTERED*												
Type of medication	Antibiotic		Insecticide		Tranquillizer		Oestrogen		Goitrogen		Therapeutic	
Date Administered					Batch no.			Batch no.				
Withdrawal Period												
DETAILS OF DESTINATION OF ANIMALS												
Abattoir Name							Abattoir ID No.					
Date of Delivery					Vehicle Registration							

**Important Note to the producer on the use of Antibiotics, Insecticides, Tranquillizers, Growth Stimulants or other similar substances: The Meat Safety Act, 2000 (Act 40 of 2000) prohibits the slaughter of animals intended for human consumption if the appropriate withdrawal period has not expired. Please ensure and observe the withdrawal period laid down for that particular medicine or specified substance. Check the label for details. Under no circumstances may an animal be presented or sold to an abattoir before the end of the withdrawal period. Keep records to ensure that withdrawal periods are observed. An animal that has been treated with antibiotics or chemotherapeutics (other than limited wound treatment) and presented for slaughter before the withdrawal period shall be condemned! You have a legal obligation to produce safe meat!*

DECLARATION BY OWNER OF ANIMALS			
I, the undersigned, hereby declare that the above information is true and correct.			
Surname and Initials		Signature	Date
ABATTOIR USE ONLY ABATTOIR USE ONLY ABATTOIR ONLY ABATTOIR USE ONLY ABATTOIR USE ONLY			
<i>Date Received</i>	<i>Date approved for slaughter</i>	<i>Date(s) Slaughtered</i>	<i>Signature and Name of Registered Inspector</i>
<i>Ante mortem inspection and findings</i>			

DESTINATION DECLARATION

by RESPONSIBLE PERSON¹ for MOVEMENT of LIVESTOCK

I,	INITIALS AND SURNAME	,	I	D	E	N	T	I	T	Y	N	O	
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being the responsible person¹ who will **receive** the following animals:

cattle	NUMBER	goats	NUMBER	sheep	NUMBER	pigs	NUMBER	other	NUMBER	other	NUMBER	other	NUMBER
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from the farm/ property:

NAME OF ORIGIN FARM / PROPERTY

NUMBER OF FARM

in the local municipal area of

NAME OF LOCAL MUNICIPALITY

on the farm/ property

NAME OF DESTINATION FARM / PROPERTY

in the local municipal area of

NAME OF LOCAL MUNICIPALITY

on DD / MM / YYYY

hereby, in compliance with the relevant above-mentioned legislation :

1. **undertake** to isolate the abovementioned animal(s) on the farm of destination for at least 28 days, before allowing direct or indirect contact with other livestock groups on the property.
2. **undertake** to immediately report any suspicious sign of a controlled disease² in any of the above-mentioned animals to a State Veterinarian:

species

total number

[illegible]

D	D	/	M	M	/	Y	Y	Y	Y	SIGNATURE					C	O	N	T	A	C	T		N	O
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Date of declaration

Signature and contact number of responsible person¹

This declaration does not replace a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

1. "Responsible person" means a manager or owner of land or an owner of animals.
2. "Controlled disease" includes amongst others foot and mouth disease, sheep scab, Brucellosis, tuberculosis, African swine fever
3. Registered brand mark



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

Directorate Animal Health, Department of Agriculture, Land Reform and Rural Development Private Bag X138, Pretoria 0001
Enquiries: Dr Mpho Maja • Tel: +27 12 319 7456 • Fax: +27 12 329 6892 • E-mail: PA.DAH@dalrrd.gov.za

LIST OF CONTROLLED AND NOTIFIABLE ANIMAL DISEASES IN TERMS OF THE ANIMAL DISEASES ACT, 1984 (ACT NO. 35 OF 1984)

Controlled Animal Diseases

Any animal disease or infectious agent not known to occur in South Africa.
African horse sickness (AHS)
African swine fever (ASF)
Anthrax
Aujeszky's disease
Bacterial kidney disease (in fish)
Bovine contagious pleuropneumonia (CBPP)
Bovine spongiform encephalopathy (BSE)
Brucellosis (*B. abortus*, *B. melitensis*, *B. canis*, *B. suis*)
Classical swine fever (CSF)
Contagious equine metritis (CEM)
Contagious haemopoietic necrosis (in fish)
Contagious pancreatic necrosis (in fish)
Corridor or Buffalo disease
Dourine
East Coast Fever
Equine infectious anaemia (EIA)
Equine viral arteritis (EVA)
Equine influenza (EI)
Foot and mouth disease (FMD)
Glanders
Haemorrhagic septicaemia (in fish)
Johne's disease
Nagana (Trypanosomiasis)
Newcastle disease
Notifiable avian influenza
Porcine reproductive and respiratory syndrome (PRRS)
Psittacosis
Rabies
Rinderpest
Salmonella Enteritidis
Salmonella Gallinarum (Fowl typhoid)
Salmonella Pullorum (Bacillary white diarrhoea)
Scrapie
Sheep scab
Skin conditions in sheep
Swine vesicular disease
Tuberculosis (in all animals)

Notifiable Animal Diseases

Bluetongue
Bovine malignant catarrhal fever (Snotsiekte)
Lumpy skin disease
Rift valley fever
Strangles
Swine erysipelas

DR. MPHO MAJA
DIRECTOR: ANIMAL HEALTH

ANIMAL HEALTH DECLARATION by RESPONSIBLE PERSON for MOVEMENT

I,

INITIALS AND SURNAME																			
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,

I	D	E	N	T	I	T	Y		N	O		
---	---	---	---	---	---	---	---	--	---	---	--	--

,

being the responsible person¹ of the following animals:

cattle

--

 goats

NUMBER

 sheep

NUMBER

 pigs

NUMBER

 other

NUMBER

 other

NUMBER

 other

NUMBER

which are ALL the cloven-hoofed livestock in my herd/s on the farm / in the diptank area:

NAME OF FARM / DIPTANK AREA	NUMBER OF FARM in the local municipal area of
NAME OF LOCAL MUNICIPALITY	

, hereby, in compliance with section 11 (1) of the Animal Diseases Act no. 35 of 1984, and with reference to the above-mentioned herd/s, animals and farm / diptank area:

1. declare that, during the past 28 days:

- 1.1. all animals were either born, or have been on the farm or in the diptank area;
- 1.2. no other animals have been added to this/these herd/s;
- 1.3. none of the animals showed any clinical sign suspicious for any controlled disease²;
- 1.4. there have been no deaths in the herd/s which may be linked to any controlled disease²;
- 1.5. I had no contact with any suspect or positive Foot and mouth disease animals or premises

2. undertake to immediately report any suspicious sign of a controlled disease² to a State Veterinarian;

3. intend to move the animals listed below, within three days, from the place above, to:

NAME OF FARM / DIPTANK AREA / FEEDLOT / ABATTOIR / AUCTION
--

in the local municipal area of

NAME OF LOCAL MUNICIPALITY									
----------------------------	--	--	--	--	--	--	--	--	--

 on

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

LIST OF ANIMALS TO BE MOVED:				species		total number	
Age	Sex	Colour	Registered brand ³	Identification (ear tag/tattoo/brand, etc.)			

<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y	SIGNATURE	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>C</td><td>O</td><td>N</td><td>T</td><td>A</td><td>C</td><td>T</td><td></td><td>N</td><td>O</td></tr></table>	C	O	N	T	A	C	T		N	O
D	D	/	M	M	/	Y	Y	Y	Y													
C	O	N	T	A	C	T		N	O													

Date of declaration

Signature and contact number of responsible person¹

This declaration does not replace any document required in terms of the Stock Theft Act no. 57 of 1959, or a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

1. "Responsible person" means a manager or owner of land or an owner of animals.

2. "Controlled disease" includes amongst others foot and mouth disease, sheep scab, Brucellosis, tuberculosis, African swine fever

3. in terms of the Animal Identification Act no 6 of 2002

DOCUMENT OF IDENTIFICATION SECTION 6 OF THE STOCK THEFT ACT, 1959 (ACT NO 57 OF 1959)

- A. FULL NAME AND ADDRESS OF OWNER _____

- B. FULL NAME AND ADDRESS OF PERSON ACCREDITED BY OWNER:

- C. FULL NAME AND ADDRESS OF OWNER:

PARTICULARS OF STOCK

TYPE OF BREED	NUMBER	BRANDS, EAR, TATTOOS OR OTHER ID- MARKS	IF STOCK IS NOT MARKED, OR THE MARKS ARE NOT REGISTERED IN TERMS OF ANY ACT:	
			GENDER AND NUMBER OF EACH GENDER	COLOUR

I CERTIFY THAT I OWN THE STOCK / I WAS AUTHORIZED BY THE OWNER TO HAVE THE STOCK IN MY POSSESSION.

DATE OF TRANSACTION

SIGNATURE OF A OR B

THE BUYER MUST KEEP THIS DOCUMENT FOR A PERIOD OF ONE YEAR: SECTION SIX 93)

CERTIFICATE OF REMOVAL
IN TERMS OF SECTION 8 (1) OF THE STOCK THEFT ACT, 1959 (ACT 57 OF 1959)

A. FULL NAME AND ADDRESS OF OWNER _____

B. NAME AND ADDRESS OF PERSON WHO ISSUED THE CERTIFICATE _____
DULY AUTHORISED TO DO SO HEREBY GIVE PERMISSION TO _____
(NAME OF DRIVER, CONVEYER OR TRANSPORTER)

TO REMOVE THE FOLLOWING STOCK / PRODUCTS IN VEHICLE _____ (REGISTRATION NUMBER)
_____ (MODEL) _____ (MANUFACTURE) _____

STOCK

BREED OF KIND	NUMBER	BRAND, EAR MARK, TATTOO MARK AND OTHER IDENTIFICATION MARK (IF ANY); AND	IF THE STOCK IS NOT MARKED AS STATED MARK IS NOT REGISTERED IN TERMS OF ANY LAW; THE	
			SEX NUMBER OF EACH SEX, AND	COLOUR

PRODUCTS

KIND	NUMBER, QUANTITY OR WEIGHT	IDENTIFICATION MARK AND NUMBER (IF ANY): AND	IF PACKED IN A CONTAINER OR CONTAINERS NUMBER OF CONTAINER AND IDENTIFICATION AND NUMBER OF EACH CONTAINER (IF ANY)

THE PLACE FROM WHICH _____ AND THE PLACE TO WHICH _____ SUCH STOCK OR PRODUCE IS BEING, CONVEY OR TRANSPORTED.

DATE OF ISSUE _____

SIGNATURE OF A OR B