Western Cape Department of Agriculture

Veterinary Services

Export control

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**VETERINARY HEALTH CERTIFICATE FOR MEAT PRODUCTS**

**FROM THE REPUBLIC OF SOUTH AFRICA TO BOTSWANA**

RESPONSIBLE VETERINARY ADMINISTRATION: Department of Agriculture Forestry and Fisheries, Private Bag X 138, Pretoria, 0001.

ISSUING VETERINARY AUTHORITY: Western Cape Department of Agriculture, Private Bag X1, Elsenburg, 7607

PROVINCIAL REFERENCE NUMBER:

BOTSWANA IMPORT PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DESCRIPTION**

**1. Identification of Products:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Description** | **Species** | **Batch No / slaughter date** | **Quantity (kg)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Origin of Products:**

1. Name and Address of Consignor (RSA):
2. Name, ZA number and address of Production Establishment:

**3. Destination of Products:**

3.1 Name and address of Consignee:

1. **HEALTH ATTESTATION**

The undersigned veterinarian certifies that the meat products described in section A above comply with the following:

1. The meat is derived from animals born and raised in the Republic of South Africa

**OR**

where the meat was imported by Republic of South Africa from …………………

(third country).

1. A copy of the certified health certificate from …………………………. (the third country) Is attached.
2. The meat emanate from a facility approved for export by the veterinary administration of ……………………………….. (this country).
3. The product was not exposed to contagion at any stage between landing and re-exportation.
4. The animals were subjected to ante and post-mortem examination at approved abattoirs and the meat passed fit for human consumption.
5. The meat has been handled hygienically at all times and kept at suitable temperatures during storage and transportation.
6. The product was not exposed to contagion at any stage.
7. The products were loaded and sealed under official veterinary supervision in vehicle/truck.

**Truck/trailer No: …………………………………………**

**Seal Nos:** …………………………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Official Veterinarian Stamp:

Name in print:

Designation: **STATE VETERINARIAN**