Western Cape Department of Agriculture

Veterinary Services

Export control

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**VETERINARY HEALTH CERTIFICATE FOR MEAT AND MEAT-BASED PRODUCTS**

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

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

STATE VET REFERENCE NUMBER:

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

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

1. DESCRIPTION

**1. Identification of Products:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product Description** | **Species** | **Batch No** | **Type of packaging** | **Quantity** | **Net weight (kg)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **NET WEIGHT** |  |  |  |  |  |

**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:

**4. Transport of Products:**

**Flight no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Container number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seal numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. HEALTH ATTESTATION
2. ATTESTATION:

I, the undersigned authorized official veterinarian, hereby certify that the meat products mentioned on the Veterinary import permit No. **as given** and described above,

* 1. The animals from which the meat is derived were slaughtered in an approved abattoir
	2. The meat was cut in an approved cutting premises
	3. The premises of the processing facility have been free from any notifiable diseases for six (6) months

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

Signature of Official Veterinarian Stamp:

Name in print:

Designation: STATE VETERINARIAN