|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VETERINARY HEALTH CERTIFICATE FOR CASINGS FROM THE WESTERN CAPE, SOUTH AFRICA FOR EXPORT TO MAURITIUS** | | | | | | | | | | | | | | | | | | | | |
| **RESPONSIBLE VETERINARY ADMINISTRATION:** | | | | | | | | | | | | | Department of Agriculture Forestry and Fisheries, Private Bag X 138, Pretoria, 0001 | | | | | | | |
| **ISSUING VETERINARY AUTHORITY:** | | | | | | | | | | | | | Western Cape Department Agriculture, Private Bag X1, Elsenburg,7607  PROVINCIAL | | | | | | | |
| **PROVINCIAL REFERENCE:** | | | | | | | | | | | | |  | | | | | | | |
| **IMPORT PERMIT NO:** | | | | | | | | | | |  | | **IMPORT PERMIT DATE** | | | | |  | | |
| **A.** | | **DESCRIPTION** | | | | | | | | | | |  | | | | | | | |
|  | | **1.** | | | | | | **Identification of Products:** | | | | |  | | | | | | | |
|  | |  | | | | | | |  | | | |  | | | | | | | |
| Product Description | | | | | | | | | | | | Type packaging | | Quantity | | | Batch Codes | | Net Weight (Kg) | |
|  | | | | | | | | | | | |  | |  | | |  | |  | |
|  | | | | | | | | | | | |  | |  | | |  | |  | |
| TOTAL WEIGHT | | | | | | | | | | | | | | | | | | |  | |
|  | **2.** | | | | | | **Origin of Products:** | | | | | |  | | | | | | |  |
|  |  | | i. | | | Name and Address of Consignor (RSA): | | | | | | | | |  | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | |
|  |  | | ii. | | | Name, ZA number and address of abattoir or abattoirs1 | | | | | | | | |  | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | |
|  |  | | iii. | | | Name, ZA number and address of cutting plant or cutting plants1 | | | | | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | | | | | | | | | |
|  |  | | iv. | | | Name, ZA number and address of cold store or cold stores1 | | | | | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | | | | | | | | | |
|  |  | | v. | | | Name, ZA number and address of processing facility or facilities1 | | | | | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | | | | | | | | | |
|  |  | | vi. | | | Name, ZA number and address of intermediate store or stores1 | | | | | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | | | | | | | | | |
|  |  | | vii. | | | Name, ZA number and address of place of loading | | | | | | | | |  | | | | | |
|  |  | |  | | |  | | | | | | | | | | | | | | |
|  | **3.** | | | | | | **Destination of Products:** | | | | | |  | | | | | | | |
|  |  | | | i. | Name and address of Consignee: | | | | | | | |  | | | | | | | |
|  |  | | |  |  | | | | | | | | | | | | | | | |
|  | **4.** | | | | | | **Means of Transport:** | | | | | |  | | | | | | | |
|  |  | | | i. | | | Air/ Road/ Ship | | | | | | | | | | | | | |
|  |  | | |  | | | Name of vessel carrying the casing | | | | | | | | |  | | | | |
|  |  | | |  | | |  | | | | | | | | | | | | | |
| **B.** | **HEALTH ATTESTATION** | | | | | | | | | | | |  | | | | | | | |
|  | I, the undersigned authorized official veterinarian, hereby certify that the meat products described above in section A:   1. The casings are derived from animals which    1. Have remained in a zone where Foot and Mouth Disease has not been recorded for at least 3 months prior to slaughter.    2. Have been slaughtered in an abattoir approved for export purposes and have been subjected to ante-mortem and post mortem inspection for FMD with favourable results 2. The casings were clean and sound and were prepared and handle in a sanitary manner and were not subjected to contagion prior to exportation. 3. The casings were prepared in an establishment that has been approved by the European Union or the Official Veterinary Services of South Africa for export purposes. 4. The date and number of the import permit, the name of the importer, the vessel carrying the casings and the quantity shipped must be stated on this certificate. | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | |  | | | | | | | |
|  |  | | | | | |  | | | | | |  | | | | | | | |
|  |  | | | | | |  | | | | | | Stamp: | | | | | | | |
|  | Signature of Official Veterinarian | | | | | | | | | | | |  | | | | | | | |
|  | Name in print: | | | | | | | | |  | | |  | | | | | | | |
|  | Designation: | | | | | | | | | **STATE VETERINARIAN** | | |  | | | | | | | |
|  | \*1 delete as appropriate | | | | | | | | | | | |  | | | | | | | |