

**VETERINARY HEALTH CERTIFICATE FOR FROZEN PORK MEAT  
FROM THE REPUBLIC OF SOUTH AFRICA TO MAURITIUS**

**RESPONSIBLE VETERINARY ADMINISTRATION:** Department of Agriculture, Private Bag X 138, Pretoria,  
0001.

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

**PROVINCIAL REFERENCE NUMBER:** \_\_\_\_\_

**MAURITIAN IMPORT PERMIT NUMBER:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

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

**A. DESCRIPTION**

**1. Identification of Products:**

Product Description	Species	Batch No	Type of packaging	Quantity	Net weight (kg)
<b>NET WEIGHT</b>					

**2. Origin of Products:**

2.1 Name and Address of Consignor (RSA): \_\_\_\_\_

2.2 Name, ZA number and address of Production Establishment: \_\_\_\_\_

\_\_\_\_\_

**3. Destination of Products:**

3.1 Name and address of Consignee: \_\_\_\_\_

\_\_\_\_\_

**4. Transport of Products:**

Container / Vehicle number: \_\_\_\_\_

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

## B. HEALTH ATTESTATION

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

1. The meat is derived from animals which
  - a. have remained in an area where Foot and Mouth Disease has not been recorded for at least 3 months prior to slaughter
  - b. the said animals were slaughtered in slaughter houses in South Africa approved by the South African Veterinary Authority for export under the control of qualified veterinary surgeons and on ante and post mortem examination were found to be free from all contagious and infectious diseases, particularly Foot and Mouth Disease, Swine Fever/African and other strain, Swine Erysipelas, Virus Pneumonia and Swine Vesicular Disease.
2. The meat comes from carcasses
  - a. From which the major lymphatic glands have been removed.
  - b. Which have been submitted to maturation at a temperature above +2°C for a minimum period of 24hours following slaughter, and in which the pH value of the meat was below 6.
3. The meat is fit for human consumption.

\_\_\_\_\_  
Signature of Official Veterinarian  
Name in print:  
Designation: **STATE VETERINARIAN**

Stamp: