

ADDENDUM A

GESONDHEIDS SERTIFISERING VIR DIERE / HEALTH ATTESTATION FOR ANIMALS:

VEE EIENAAR / ANIMAL OWNER

NAAM / NAME _____

PLAAS NR & NAAM / FARM NR & NAME _____

POS ADRES / POSTAL ADDRESS _____

DISTRIK / DISTRICT _____

SEL / CELL _____

FAKS / FAX _____

EPOS / EMAIL _____

VEE BESONDERHEDE / LIVESTOCK INFORMATION

RAS / BREED _____

ID NO. _____

STAATSVEEARTS / STATE VET

NAAM / NAME _____

DORP / TOWN _____

PROVINSIE / PROVINCE _____

POS ADRES / POSTAL ADDRESS _____

SEL / CELL _____

FAKS / FAX _____

EPOS / EMAIL _____

PRIVAAT VEEARTS / PRIVATE VET

NAAM / NAME _____

DORP / TOWN _____

PROVINSIE / PROVINCE _____

POS ADRES / POSTAL ADDRESS _____

SEL / CELL _____

FAKS / FAX _____

EPOS / EMAIL _____

ONS SAL DIT OPREG WAARDEER INDIEN U DIE TYD KAN AFSTAAN OM DIE INLIGTING NA DIE BESTE VAN U WETE TE VOORSIEN / WE KINDLY REQUEST THE HEALTH INFORMATION TO THE BEST OF YOUR KNOWLEDGE.

Om diere te ONTVANG het ons die inligting tov die gesondheids status van die diere, asook die plaas van oorsprong nodig / To ACCEPT animals we need information in respect of the health status of the animals, as well as for the farm of origin.

Die inligting kan u verkry van u persoonlike betrokkenheid, vanaf staats veeartse, privaat veeartse en Dept Landbou se tegniese beamptes / The information can be obtained, either by your personal work, from the local state vet, private vet or district animal health technicians.

1. Ons wil weet of enige van die volgende siektes klinies (na u wete), in die vorige jaar, op die plaas van oorsprong voorgekom het. Indien u nie weet nie – merk "?" / We need to know if any of the following diseases were diagnosed on the farm of origin in the last year. If you don't know please mark "?".

1.1 Brucellose (BM) / Brucellosis (CA)

JA / YES	NEE / NO	?
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1.2 Tuberkulose / Tuberculosis (TB)

JA / YES	NEE / NO	?
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1.3 Paratuberkulose / Paratuberculosis

JA / YES	NEE / NO	?
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1.4 Infectious Bovine Rhinotrachetis (IBR)

JA / YES	NEE / NO	?
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1.5 Leptospirose / Leptospirosis

JA / YES	NEE / NO	?
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1.6 Bloutong / Blue Tongue

JA / YES	NEE / NO	?
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1.7 Trichomonas foetus

JA / YES	NEE / NO	?
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1.8 Campylobacter foetus

JA / YES	NEE / NO	?
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1.9 Enzootiese Bees Leukose / Enzootic Bovine Leucosis

JA / YES	NEE / NO	?
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1.10 Hondsdolheid / Rabies

JA / YES	NEE / NO	?
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1.11 Knopvelsiekte / Lumpy Skin Disease

JA / YES	NEE / NO	?
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1.12 Slenkdalkoors / Rift Valley Fever

JA / YES	NEE / NO	?
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1.13 Bovine Viral Diarrhoea (BVD)

JA / YES	NEE / NO	?
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1.14 Bek-en-Klouseer / Foot and Mouth Disease

JA / YES	NEE / NO	?
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1.15 Ander / Other : _____

JA / YES	NEE / NO	?
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2. Is die diere vir enige van die volgende siektes geënt? Indien JA, voorsien datum/jaar / Were the animals vaccinated against any of the following diseases. If YES, give the date/year.

- | | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------|----------------------|
| 2.1 Knopvelsiekte / Lumpy Skin Disease | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.2 Slendalkoors / Rift Valley Fever | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.3 Hondsdolheid / Rabies | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.4 Brucellose (BM) / Brucellosis (CA) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.5 Bovine Viral Diarrhoea (BVD) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.6 Bloutong / Blue Tongue | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.7 Bek-en-Klouseer / Foot and Mouth Disease | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.8 Infectious Bovine Rhinotrachetis (IBR) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 2.9 Spons-, Lam- & Miltsiekte /
Black quarter, Bohtrax & Anthrax | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |

3. Is daar enige laboratorium toetse gedoen vir / Were any samples tested at a lab for:

- | | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------|---|
| 3.1 Brucellose (BM) / Brucellosis (CA) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.2 Tuberkulose / Tuberculosis (TB) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.3 Skedewasse / Sheath washes - Trichomonas
-Campylobacter | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.4 Bovine Viral Diarrhoea (BVD) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.5 Infectious Bovine Rhinotrachetis (IBR) | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.6 Leukose / Leucosis | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.7 Ander / Other : _____ | <input type="checkbox"/> JA / YES | <input type="checkbox"/> NEE / NO | <input type="checkbox"/> ? | Datum / Date : _____ |
| 3.8 Indien beskikbaar, heg die laboratorium uitslae aan / If available, attach the lab results. | | | | <input type="checkbox"/> JA / YES <input type="checkbox"/> NEE / NO |

4. Hoe lank is diere reeds op die plaas van oorsprong / How long were the animals kept on the farm of origin _____

5. Wanneer laas is enige nuwe diere op plaas van oorsprong ingebring / When last were any new animals introduced on farm of origin
_____ Spesifiseer / Specify : _____

6. Is die plaas tans onder kwarantyn / Is the farm currently under quarantine : JA / YES NEE / NO ?
Indien Ja, verduidelik / IF Yes, explain : _____

Hiermee verklaar ek, _____, as eienaar / verteenwoordiger van die eienaar, dat bg inligting korrek is en dat ek bogenoemde diere ondersoek het en dat die diere klinies gesond is en klinies vry is van enige aanmeldbare siekte / Hereby I, _____, as the owner / representative of the owner, declare that the above info correct is and that I examined the above mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

EIENAAR - VERTEENWOORDIGER / OWNER - REPRESENTATIVE

DATUM / DATE

Hiermee verklaar ek, _____, as Staatsveearts / Kuddeveearts / Dept Landbou se tegniese beampte, dat ek bogenoemde diere ondersoek het en dat die diere klinies gesond is en klinies vry is van enige aanmeldbare siekte / Hereby I, _____, as the State Vet / Herd Veterinarian / Animal Health Technician, declare that I examined the above mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

VEEARTS / VETERINARIAN

DATUM / DATE