

## **ANIMAL HEALTH and ORIGIN DECLARATION**

	by RESPONSIBLE PERSON' for MOVEMENT of LIVESTOCK																						
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•	1-				ŀ	be	ing the	responsib	le pers	on <sup>1</sup> of	the	follow	ing	anir	nals	:							
cattle NUMBER goats NUMBER sheep NUMBER pig									pigs	NUMBER other			NUM	1BER	otl	ner	NUN	1BER	R other NUMBE		NUMBER		
	which are ALL the cloven-hoofed livestock in my herd/s on the farm / in the diptank area:																						
NAME OF FARM / DIPTANK AREA											A						NUMBER OF FARM						
in the local municipal area of											NAME OF LOCAL MUNICIPALITY elevant above-mentioned legislation :												
2. ui 3. <b>d</b>	<ol> <li>declare, with regard to the above-mentioned animal(s), herd(s) and farm(s), that during the past 28 days:         <ol> <li>all animals have either been or were born on the farm or in the diptank area;</li> <li>no other animals have been added to this/these herd/s;</li> <li>none of the animals showed any clinical sign suspicious for any controlled disease<sup>2</sup>;</li> <li>there have been no deaths which may be linked to any controlled disease<sup>2</sup>;</li> <li>undertake to immediately report any suspicious sign of a controlled disease<sup>2</sup> in any of the above-mentioned animals to a State Veterinarian;</li> <li>declare, with regard to the below-listed animal(s) to be moved, that:</li></ol></li></ol>																						
NAME OF FARM / DIPTANK AREA / FEEDLOT / ABATTOIR / AUCTION																							
' <sub>[</sub>								NAME OF LOCAL MUN						D	/	/ M M / Y Y Y				Y			
with	veh	icle	num	ber	VEH	HICLE F	REGISTI	RATION NU	and trailer number TR				AILER REGISTRATION NUMBER										
by driver NAME AND							O SURN	SURNAME OF DRIVER				with contact number				DRIVER CONTACT NUMBER							
species												total number											
Αç	ge	Sex		Со	lour	Br	and <sup>3</sup>	Identifica	Identification			Sex	Со	olour B		Bra	rand <sup>3</sup>		Identification		ation		
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Date of declaration Signature and contact number of responsible person<sup>1</sup>
This declaration does not replace a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

"Responsible person" means a manager or owner of land or an owner of animals.
 "Controlled disease" includes amongst others foot and mouth disease, sheep scab, Brucellosis, tuberculosis, African swine fever

**SIGNATURE** 

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