

ANIMAL HEALTH and ORIGIN DECLARATION

by RESPONSIBLE PERSON¹ for MOVEMENT of LIVESTOCK

I, , ,

being the responsible person¹ of the following animals:

cattle goats sheep pigs other other other

which are ALL the cloven-hoofed livestock in my herd/s on the farm / in the diptank area:

NAME OF FARM / DIPTANK AREA	NUMBER OF FARM
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in the local municipal area of

hereby, in compliance with the relevant above-mentioned legislation :

1. **declare**, with regard to the above-mentioned animal(s), herd(s) and farm(s), that during the past 21 days :
 - 1.1. all animals have either been or were born on the farm or in the diptank area;
 - 1.2. no other animals have been added to this/these herd/s;
 - 1.3. none of the animals showed any clinical sign suspicious for any controlled disease²;
 - 1.4. there have been no deaths which may be linked to any controlled disease²;
2. **undertake** to immediately report any suspicious sign of a controlled disease² in any of the above-mentioned animals to a State Veterinarian;
3. **declare**, with regard to the below-listed animal(s) to be moved, that :
 - 3.1. I am the owner of the animal(s) or duly authorised by the owner thereof to deal with or dispose of it/them;
 - 3.2. the animal(s) has/have been identified as listed below;
 - 3.3. I intend to move/send the animal(s), within three days, from the above-mentioned place, to:

NAME OF FARM / DIPTANK AREA / FEEDLOT / ABATTOIR / AUCTION
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in the local municipal area of on / /

with vehicle number	<input style="width: 95%;" type="text" value="VEHICLE REGISTRATION NUMBER"/>	and trailer number	<input style="width: 95%;" type="text" value="TRAILER REGISTRATION NUMBER"/>
by driver	<input style="width: 95%;" type="text" value="NAME AND SURNAME OF DRIVER"/>	with contact number	<input style="width: 95%;" type="text" value="DRIVER CONTACT NUMBER"/>

species	<input style="width: 95%;" type="text"/>	total number	<input style="width: 95%;" type="text"/>
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Age	Sex	Colour	Brand ³	Identification	Age	Sex	Colour	Brand ³	Identification

<input style="width: 95%;" type="text" value="D"/> <input style="width: 30px;" type="text" value="D"/> / <input style="width: 30px;" type="text" value="M"/> <input style="width: 30px;" type="text" value="M"/> / <input style="width: 30px;" type="text" value="Y"/> <input style="width: 30px;" type="text" value="Y"/> <input style="width: 30px;" type="text" value="Y"/> <input style="width: 30px;" type="text" value="Y"/>	SIGNATURE	<input style="width: 95%;" type="text" value="C"/> <input style="width: 95px;" type="text" value="O"/> <input style="width: 95px;" type="text" value="N"/> <input style="width: 95px;" type="text" value="T"/> <input style="width: 95px;" type="text" value="A"/> <input style="width: 95px;" type="text" value="C"/> <input style="width: 95px;" type="text" value="T"/> <input style="width: 95px;" type="text" value="N"/> <input style="width: 95px;" type="text" value="O"/>
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Date of declaration

Signature and contact number of responsible person¹

This declaration does not replace a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

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