## ANIMAL HEALTH DECLARATION BY PRIVATE VETERINARIAN FOR THE MOVEMENT of CATTLE

I	, Dr	INITIALS AND SURNAME		, with SAVC no	, [				
i	nspe	ected cattle owned by the following perso	n :		_				
		INITIALS AND SURNAME				IDENTIT	FY NU	IMBER	
of		FARM NAME		F	ARM	INUMBER			
	in th	n the local Municipality		E OF LOCAL N	MUNI	ICIPALITY			

In compliance with section 11 (2) of the Animal Diseases Act no. 35 of 1984, I declare that, on this day, (delete as applicable):

- 1. (For irregular/ one-off movements from a farm)
  - 1.1. I visited the above-mentioned farm and visually observed all the animals that will be moved AND
  - 1.2. I have checked the mouths and feet of all animals that will move or up to 30 where more than 30 animals will move <u>AND</u>
  - 1.3. All animals that will move are individually identified with ear tags, which are listed below

<u>OR</u>

- 1. (For regular movements off farms that receive frequent veterinary visits)
  - 1.1. I visited this farm where I individually examined \_\_\_\_\_\_ animals and observed approximately \_\_\_\_\_\_ of the total \_\_\_\_\_\_ animals I have visited the farm \_\_\_\_\_\_ times in the last 3 months

2. The animals showed no clinical signs of any controlled disease<sup>1</sup>.

## Number of cattle to be moved:

Bulls	Cows	Heifers	Calves	TOTAL	
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This declaration does not replace any document required in terms of the Stock Theft Act no. 57 of 1959, OR a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

<sup>1.</sup> "Controlled disease" includes amongst others foot and mouth disease, sheep scab, Brucellosis, Tuberculosis, African swine fever List available here

Farm	Name
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Date \_\_\_\_\_

## Tag numbers of all cattle that will be moved/ were inspected (delete as applicable):

rag numbers of all	cattle that will be move	ed/were inspected (de	elete as applicable):	
	1	1	1	

Signature	
Date	
Contact number	

PRACTICE STAMP