Western Cape Government

	by RESPONSIBLE PERSON ¹ for MOVEMENT of LIVESTOCK																		
I,		INITIALS AND SURNAME , I D E N T I T Y N O												ı					
being the responsible person ¹ of the following animals:																			
cattle		J ~		NUMBER		NUMBER		NUMBER	othe		UMBI			NUMBE		ther	NUM	BER	
which are ALL the cloven-hoofed livestock in my herd/s on the farm / in the diptank area:																			
NAME OF FARM / DIPTANK ARE								\		NUMBER OF FARM									
in the	in the local municipal area of					NAME OF LOCAL MUN							ICIPALITY						
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 28 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 disease ² ; 1.4. there have been no deaths which may be linked to any controlled disease ² ; 2. undertake to immediately report any suspicious sign of a controlled disease ² 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																			
in the local municipal area of NAME OF LOCAL MU								ICIPALI	CIPALITY on D D / M M / Y							Υ	Υ	Υ	
with vehicle number VEHICLE RE				EGISTR	GISTRATION NUMBER			and trailer number				RAILER REGISTRATION NUMBER							
by driver NAME AND				SURNAME OF DRIVER			with contact number				DRI	DRIVER CONTACT NUMBER							
species								total number											
Age	Sex	Col	lour	Bra	and ³ Identificati		on	Age	Sex Colou		ır	Brand ³			Identification				
D D	/ M	M	/	YY	YY		SIGNA	TURE		(0 () N	Т	Α (СТ		N	0	

Date of declaration

Signature and contact number of responsible person

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

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