## VETERINARY CERTIFICATE FOR CATTLE FROM BOTSWANA/LESOTHO/NAMIBIA/SWAZILAND TO THE REPUBLIC OF SOUTH AFRICA

|               |                       | Ce                                    | ertificate no.(1)                      |                                | · · · · · · · · · · · · · · · · · · · |
|---------------|-----------------------|---------------------------------------|--|--------------------------------|---------------------------------------|
| RSA VETERINA  | RY IMPORT             |                                       |  |                                |                                       |
| NO.           |                       |                                       |  |                                |                                       |
| ISSUING       |                       |                                       |  |                                |                                       |
| AUTHORITY:    |                       |                                       |  |                                |                                       |
|               |                       |                                       |  |                                |                                       |
| COUNTRY       |                       |                                       |  |                                | OF                                    |
| EXPORT:       |                       |                                       |  |                                | <del></del>                           |
| • DECODIDE:   |                       |                                       |  |                                |                                       |
| A. DESCRIPTIO | ON .                  |                                       |  |                                |                                       |
| 1. Number and | d identification      | n of animals.                         |  |                                |                                       |
|               |                       |                                       | T. ==                                  |                                |                                       |
| BREED         |                       | SEX                                   | AGE                                    | IDENTIFICAT                    | ION NUMBER*                           |
| 2             |                       |                                       |  |                                |                                       |
| 3             |                       |                                       |  |                                |                                       |
| 4             |                       |                                       |  |                                |                                       |
| 5             |                       |                                       |  |                                |                                       |
| 6             |                       |                                       |  |                                |                                       |
| 7             |                       |                                       |  | <br>nique pre-printed numbers) |                                       |
|               |                       |                                       |  |                                |                                       |
| Tel           | . No:                 |                                       |  | -ax                            |                                       |
| No:           |                       |                                       | <del></del>                            |                                |                                       |
| 2.2. Premise  | es of origin          |                                       |  |                                |                                       |
| Farm          |                       |                                       |  |                                |                                       |
| name:         |                       |                                       |  |                                |                                       |
|               |                       |                                       |  |                                |                                       |
|               |                       |                                       |  |                                |                                       |
| Diotriot      |                       | · · · · · · · · · · · · · · · · · · · | ······································ |                                |                                       |
| 2 Dootination | o <b>f</b> onimals on | anasifiad in 4                        | ha DCA Vatarinar                       | loon and Dameside              |                                       |
|               |                       | specified in t                        | he RSA Veterinar                       | y import Permit:               |                                       |
| 3.1. Name     |                       |                                       |  |                                |                                       |
|               |                       |                                       |  |                                |                                       |
| Tel. No:      |                       |                                       |  | Fax                            |                                       |
| No:           |                       |                                       |  |                                |                                       |
| 3.2. Physic   | al address at fi      | nal destination                       | of animals:                            |                                |                                       |
|               |                       |                                       |  |                                |                                       |
|               |                       |                                       |  |                                |                                       |

| 4. Description of trans | scription of transport vehicle (registration number etc.):   |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
|                         |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |
|                         |  |  |  |  |  |  |
|                         | Certificate No. <sup>(1)</sup>   |  |  |  |  |  |
| B. HEALTH ATTESTATION   | N Company of the Comp |  |  |  |  |  |
|                         |  |  |  |  |  |  |
| l,                      | an official veterinarian, authorised thereto by the Veterinary Authority of  |  |  |  |  |  |
|                         | hereby certify that the following conditions have been complied with:  |  |  |  |  |  |
|                         |  |  |  |  |  |  |

- 1. The country of origin and export has never had a reported case of Bovine Spongiform Encephalopathy and there is a legal ban on feeding of ruminant Meat and Bone Meal to ruminants.
- 2. The animals described above originate from:
  - a) a country/zone that is regarded as free from and has not had a reported case of Contagious Bovine Pleuropneumonia;
  - an area/zone where no cases of Foot and Mouth disease were reported for at least the past six months, is not under any restrictions due to Foot and Mouth disease; and is recognised by the OIE as free from Foot and Mouth disease without vaccination;
  - c) an area which is not under any veterinary restriction for any notifiable diseases that cattle are susceptible to;
  - d) premises where no African buffalo are kept;
  - e) herds which are healthy and to the best of my knowledge clinically free from and have no history of Johne's disease, Rabies, Vibriosis, Trichomoniasis and Bovine Leukosis for the last 6 months;
  - f) herds which are clinically free from Infectious Bovine Rhinotracheitis/Infectious Pustular Vulvovaginitis (IBR/IPV) and the animals to be exported are vaccinated with an inactivated vaccine approved by the veterinary authority of the exporting country against IBR/IPV, not less than one month and not more than six months prior to shipment (Vaccination date to be stipulated);
  - g) herds where no cases of Tuberculosis and Brucellosis have been reported in the last 24 months and the entire herd tested negative in the last 12 months (all results must be attached).
- 3. The individual animals:
  - a) have been kept in pre-export isolation in the period of preparation for export and to the best of my knowledge have not been exposed to infection to which they are susceptible during this period;
  - b) have been individually identified prior to testing, using ear tags with pre-printed numbers; and such identification is reflected on all test results;
  - c) have passed the following tests with negative results within 30 days prior to departure for South Africa (dates to be specified and copies of all laboratory results must be attached):
    - I. were subjected to the intradermal bovine tuberculin test with either of the test methods below: were injected with a single intradermal bovine tuberculin test with the skin thickness of 2mm or less and without clinical signs such as diffuse or extensive oedema, exudation, necrosis, pain or inflammation of the lymphatic ducts in that region or of the lymph nodes OR were subjected to intradermal comparative test and the increase in skin thickness at the bovine site of

## injection is less than or equal to the increase in the skin reaction at the avian site of injection

- II. the complement fixation test for *Brucella abortus*. Females under the age of 18 months which have been inoculated with an approved vaccine between the ages of 4 and 8 months will be accepted without prior test. (Vaccination date to be stipulated).
- III. in the case of breeding bulls, a clinical and laboratory examination for Vibriosis and Trichomoniasis;
- d) have never been vaccinated against Foot-and-Mouth disease;
- e) have been vaccinated against Anthrax at least 14 days but not longer than 12 months prior to import;

|         |  | Certificate no. (1)  |                    |
|---------|--|--|--------------------|
|         | ticks) with a registered effective remedy(ies) via L. Date of treatment: | odes, trematodes and nematodes) and external pa<br>within 72 hours prior to departure: | arasites (lice and |
|         | g) were examined within 72 hours of departure parasites;                 | ; and were found clinically healthy and visibly fro                                    | ee from external   |
| 4.      | All bedding, fodder or other feedstuffs for the an and Mouth disease.    | imals emanate from areas not under any restrict  | ions due to Foot   |
| 5.      |  | :<br>:   | fficial authorised |
|         | at(place) on<br>are of authorised official veterinarian (2)              | (date)   |                    |
|         | n print:   |  |                    |
| Designa | ated rank:   | OFFICIAL STAMP (2)   |                    |
| Address | S:   |  |                    |

## **IMPORTANT NOTES:**

- 1. The certificate number must appear on all pages of the certificate
- 2. The certificate must be stamped and signed in a colour different to the printing