

5. NUMBER OF IMPORTED ANIMALS

| | |
|--------|----------------------|
| Cattle | <input type="text"/> |
| Sheep | <input type="text"/> |
| Goats | <input type="text"/> |
| Other | <input type="text"/> |

6. LIVESTOCK IDENTIFICATION

Are all animals marked, branded, tagged and registered in accordance with current legislation? Yes No N/A

7. DOCUMENTATION AND RECORDS

Are the following 5 documents available, eligible and up-to-date?

Livestock Register Yes No N/A

Feed Register Yes No N/A

Veterinary Drug and Treatment Register Yes No N/A

Employee Training Yes No N/A

Departure & Arrival records Yes No N/A

8. LIVESTOCK TRACEABILITY

Are records of all animals movements into and from the establishment up to date and reported to DVS?

Yes No N/A

9. NUMBER OF PETS

Dogs: Cats:

10. GAME FARMING

Is game harvested for commercial meat or biltong?

Yes No N/A

11. NUMBER OF MAIN GAME SPECIES

| Game Species | Estimated Number |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

12. MAIN GAME SPECIES HARVESTED

| Game Species | Estimated Number |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

13. WILDEBEEST

Are wildebeest kept on the establishment? Yes No N/A

Estimated Number

14. GAME-PROOF FENCING

Are farmed game animals on establishment confined by prescribed gameproof fencing?

Yes No N/A

15. LOSS OF CATTLE TO PREDATORS

| Predator | Number Lost |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

16. LOSS OF SMALL STOCK TO PREDATORS

SHEEP

| Predator | Number Lost |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

GOATS

| Predator | Number Lost |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

17. GIVE THE NUMBER OF ANIMALS STOLEN FROM THE ESTABLISHMENT

| Cattle | Sheep | Goats | Other | Number Stolen |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

18. GIVE THE NUMBER OF ANIMALS SLAUGHTERED ON THE ESTABLISHMENT FOR OWN CONSUMPTION.

| Cattle | Sheep | Goats |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

19. WHAT WERE THE MAIN CAUSES OF SICKNESS AND DEATHS OF ANIMALS ON THE ESTABLISHMENT?

CATTLE

| Disease | No Sick | No Dead |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SHEEP

| Disease | No Sick | No Dead |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

GOATS

| Disease | No Sick | No Dead |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

20. WHAT WERE THE MAIN CAUSES OF SICKNESS AND DEATHS OF OTHER ANIMALS ON THE ESTABLISHMENT?

| Animal Type | Disease | No Sick | No Dead |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

21. WHAT WERE THE MAIN CLINICAL SIGNS OF UNKNOWN CAUSES OF ANIMALS SICKNESS AND DEATHS ON THE ESTABLISHMENT?

| Animal Type | Clinical Signs | No Sick | No Dead |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

22. DID SICK CATTLE, SHEEP OR GOATS ON THE ESTABLISHMENT SHOW ANY NERVOUS SIGNS AS DESCRIBED IN THE DECLARATION

| Animal Type | Clinical Signs | No Sick | No Dead |
|-------------|----------------|---------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

23. WERE THERE ANY ABORTIONS ON THE ESTABLISHMENT?

Cattle Sheep Goats Yes No N/A

24. DID ANY ANIMALS SHOW SIGNS THAT YOU SUSPECTED TO BE THOSE OF FOOT-AND-MOUTH DISEASE?

Yes No N/A No Affected

25. DID ANY ANIMALS SHOW SIGNS THAT YOU SUSPECTED TO BE THOSE OF SHEEP SCAB?

Yes No N/A No Affected

26. WERE THERE TICK PROBLEMS IN THE CATTLE HERD? Yes No N/A

27. ARE THERE TICK PROBLEMS AMONG THE SHEEP AND GOATS? Yes No N/A

32. WHAT ARE THE MAIN SUPPLEMENTARY FEEDS FOR ANIMALS USED ON THE ESTABLISHMENT?

Write names of stock feeds bought or main ingredients of own mixes for each animal type.

CATTLE

Feed / Main Ingredients

SHEEP

Feed / Main Ingredients

GOATS

Feed / Main Ingredients

POULTRY

Feed / Main Ingredients

PIGS

Feed / Main Ingredients

GAME

Feed / Main Ingredients

33. WERE SUPPLEMENTARY FEEDS FOR CATTLE, SHEEP, GOATS OR GAME CONTAIN MEAT OR BONE MEAL

Yes Do not know No N/A

If yes, specify

34. DID SUPPLEMENTARY FEEDS OR LICKS FED TO CATTLE, SHEEP, GOATS OR GAME CONTAIN POULTRY MANURE

Yes Do not know No N/A

If yes, specify

35. ARE VETERINARY DRUGS STORED SEPERATELY AND ACCORDING TO MANUFACTURER RECOMMENDATIONS AND CLEARLY LABELLED?

Yes No N/A

28. WHAT IS THE CONDITION OF GRAZING ON THE ESTABLISHMENT?

Quantity of Grazing: Poor Medium Good N/A

Quality of Grazing: Poor Medium Good N/A

29. WHAT ARE THE SOURCES OF WATER USED FOR LIVESTOCK ON THE ESTABLISHMENT?

Pipeline Borehole Dam Surface Water River

30. WHAT IS THE WATER SITUATION ON THE ESTABLISHMENT?

Quantity: Poor Medium Good N/A

Quality: Poor Medium Good N/A

31. WHAT IS THE GENERAL CONDITION OF ANIMALS ON THE ESTABLISHMENT?

Cattle: Poor Medium Good N/A

Sheep: Poor Medium Good N/A

Goats: Poor Medium Good N/A

36. DOES FEED GIVEN TO CATTLE, SHEEP OR GOATS CONTAIN ANTIBIOTICS?

Yes No N/A

If yes, specify

37. WERE CATTLE VACCINATED AGAINTS ANTHRAX?

Yes No N/A

Batch No: Date: Cattle:

38. WERE CATTLE VACCINATED AGAINTS BRUCELLOSIS?

Yes No N/A

Batch No: Date: Heifers:

39. WHICH OTHER VACCINES WERE USED ON THE ESTABLISHMENT?

| CATTLE | |
|--------------|--------|
| Vaccine Name | Cattle |
| | |
| | |

| SHEEP | |
|--------------|-------|
| Vaccine Name | Sheep |
| | |
| | |

| GOATS | |
|--------------|-------|
| Vaccine Name | Goats |
| | |
| | |

40. WERE DOG(S) AND CAT(S) ON THE ESTABLISHMENT VACCINATED AGAINST RABIES?

Yes No N/A

Batch No: Date: Dogs:

Batch No: Date: Cats:

41. WHAT LIVESTOCK MEDICINES INCLUDING DIP CHEMICALS USED ON THE ESTABLISHMENT. GIVE DETAILS OF THE NAMES OF MEDICINES AND ANIMAL TYPE ON WHICH THEY WERE USED

| Animal Type | Name of Medicines/Dip Used |
|-------------|----------------------------|
| | |
| | |
| | |
| | |

42. WERE ANIMAL MEDICINES USED ON THE ESTABLISHMENT INCLUDE BANNED SUBSTANCES LISTED IN TABLE 4 OF THE DECLARATION GUIDE

Yes No N/A

If yes, specify

43. ARE ANTIBIOTICS GENERALLY USED AS PREVENTATIVE MEASURE WITHOUT THE PRESCRIPTION OF A VETERINARIAN?

Yes No N/A

44. ARE CHEMICALS (E.G. ARBORICIDES, PESTICIDES) STORED AND LABELLED ACCORDINGLY?

Yes No N/A

45. IS STAFF WORKING WITH ANIMALS, INSTRUCTED AND TRAINED FOR THEIR DUTIES?

Yes No N/A

46. DO SICK OR INJURED ANIMALS RECEIVE IMMEDIATE ATTENTION?

Yes No N/A

47. DID THE FARMER ASK FOR ANY ADVICE FROM ANY OF THE FOLLOWING PEOPLE?

| | Yes | No | N/A | Number |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| State Veterinarian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Private Veterinarian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Animal Health Technician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Vet Drugs Sales Rep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

48. DID THE ESTABLISHMENT RECEIVE A VISIT FROM ANY OF THESE PEOPLE?

| | Yes | No | N/A | Number |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| State Veterinarian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Private Veterinarian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Animal Health Technician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Vet Drugs Sales Rep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

49. HANDLING OF ANIMALS

Are electric immobilisers used when handling animals? Yes No N/A

Is castration of males without anaesthesia done before the age of 4 weeks? Yes No N/A

Are cattle dehorned before the age of 6 weeks? Yes No N/A

Are the instruments used for drug administration, branding and tagging functional and kept in a clean and hygienic condition? Yes No N/A

Are handling facilities constructed and maintained in such a way that they minimize stress and injuries? Yes No N/A

50. WOOLWORTH FREE RANGE BEEF / FREE RANGE LAMB

(i). Is an annual management plan available? Yes No N/A

(ii). HOW WAS THE WITHDRAWAL PERIOD OF MEDICINE APPLIED?

- Period as recommended by manufacturer
- 2x period recommended by manufacturer Not sure

(iii). IS THE FOLLOWING METHOD USED FOR PREDATOR MANAGEMENT:

- Poisoning? Yes No N/A
- Gin Traps? Yes No N/A

51. ADDITIONAL COMMENTS / CORRECTIVE MEASURES

| |
|--|
| |
| |
| |
| |
| |

Who completed this declaration?

Mark one box

- Livestock Owner Authorised Representative
- AHT

To be signed after completing this form. Please check that you have not missed any pages or questions.
This form was completed to the best of my knowledge and belief

Date / /

| Name | Signature |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

For Official Use Only

| Date Received | Verification Date |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| Name of Veterinary Official |
|-----------------------------|
| <input type="text"/> |

Signature