

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 |
| in the local municipal area of <input type="text" value="NAME OF LOCAL MUNICIPALITY"/> | |

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 disease²; I have checked the mouths of all the animals to be moved up to a maximum of 30 animals
 - 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 | | | | | | | | | | | | | | | |
| in the local municipal area of | | NAME OF LOCAL MUNICIPALITY | | | on | D | D | / | M | M | / | Y | Y | Y | Y |
| with vehicle number | VEHICLE REGISTRATION NUMBER | | | | and trailer number | TRAILER REGISTRATION NUMBER | | | | | | | | | |
| | NAME AND SURNAME OF DRIVER | | | | | with contact number | DRIVER CONTACT NUMBER | | | | | | | | |
| species | | | | | total number | | | | | | | | | | |

| Age | Sex | Colour | Brand ³ | Identification | Age | Sex | Colour | Brand ³ | Identification |
|-----|-----|--------|--------------------|----------------|-----|-----|--------|--------------------|----------------|
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| D | D | / | M | M | / | Y | Y | Y | Y | SIGNATURE | C | O | N | T | A | C | T | N | 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

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