

**VETERINARY HEALTH CERTIFICATE FOR SHEEP AND GOATS FROM
BOTSWANA/LESOTHO/NAMIBIA/SWAZILAND TO THE REPUBLIC OF SOUTH AFRICA FOR
DIRECT SLAUGHTER / FEEDLOT PURPOSES ONLY**

Certificate no.⁽¹⁾ _____

RSA VETERINARY IMPORT NO. _____

ISSUING AUTHORITY: _____

COUNTRY OF EXPORT: _____

A. DESCRIPTION

1. Number and identification of animals.

	BREED	SEX	AGE	IDENTIFICATION NUMBER*
1				
2				
3				
4				
5				
6				
7				

(*all animals must be individually identified using ear tags with unique pre-printed numbers)

2. Origin of animals:

2.1 Name and address of consignor:

Tel. No: _____ Fax No: _____

2.2 Premises of origin

Farm name: _____

Farm number: _____ District: _____

3. Destination of animals as specified in the RSA Veterinary Import Permit:

3.1 Name of consignee: _____

Tel. No: _____ Fax No: _____

3.2 Physical address at final destination of animals:

3.3 BLNS SOP Listing number of abattoir/feedlot in South Africa animals are destined for: _____

4. Description of transport vehicle (registration number etc.):

Certificate no. ⁽¹⁾ _____

B. HEALTH ATTESTATION

I, _____ an official veterinarian, authorized thereto by the Veterinary Authority of _____ hereby certify that the following conditions have been complied with:

1. The country/zone of origin is regarded as free from Caprine Arthritis Encephalitis, Contagious Caprine Pleuropneumonia, Maedi-Visna, Peste-Des-Petits Ruminants, Scrapie, Sheep and Goat Pox and vaccination is not practiced for these diseases.
2. The animals described above originate from:
 - a. an area which is not under any veterinary restriction for any notifiable diseases that sheep and goats are susceptible to;
 - b. 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 recognized by the OIE as free from Foot and Mouth disease without vaccination;
 - c. premises where no African buffalo are kept;
 - d. herds/flocks which are healthy and to the best of my knowledge clinically free from zoonotic diseases transmittable by the meat of that species.
3. The individual animals:
 - a. have been individually identified, using ear tags with pre-printed numbers and such identification is reflected on all accompanying documents;
 - b. have never been vaccinated against Foot-and-Mouth disease;
 - c. showed no clinical signs of Anthrax on the day of shipment and were kept for the 20 days prior to shipment in an area where no case of Anthrax was officially declared during that period.
4. Animals imported for feedlot purposes were treated against **(this clause does not apply to animals imported with the purpose of direct slaughter)**:
 - a. Sheep scab, by using an effective injectable anti-sheep scab drug OR dipped with a registered anti-sheep scab dip under veterinary supervision, within the period of preparation for export:
 - i. Date of treatment: _____
 - ii. Drug(s) used: _____;
 - b. internal parasites (cestodes, trematodes and nematodes) and external parasites (lice, mites and ticks) with a registered effective remedy(ies) within 72 hours prior to departure:
 - iii. Date of treatment: _____
 - iv. Remedy(ies) used: _____;
5. With regard to **Brucellosis**, the animals:
 - a. showed no clinical sign of infection with Brucella on the day of shipment and;
 - b. originate from a herd or flock free from infection with Brucella;
 - c. are not being culled as part of an eradication programme against Brucella infection

Certificate no. (1) _____

6. All bedding, fodder or other feedstuffs for the animals emanate from areas not under any restrictions due to Foot and Mouth disease.
7. The animals were examined within 72 hours of departure; and were found clinically healthy and visibly free from external parasites.
8. The animals were loaded and the vehicle effectively sealed under the direct supervision of an official authorized thereto by the Veterinary Authority of _____ :

Date of loading: _____

Vehicle and trailer registration number(s): _____

Seal number(s): _____

Signed at _____ (place) on _____ (date)

Signature of authorised official veterinarian ⁽²⁾

Name in print: _____

Designated rank: _____

OFFICIAL STAMP ⁽²⁾

Address: _____

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**