

**VETERINARY CERTIFICATE FOR SHEEP AND GOATS FROM
BOTSWANA/LESOTHO/SWAZILAND TO THE REPUBLIC OF SOUTH AFRICA**

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:

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

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B. HEALTH ATTESTATION

I, _____ an official veterinarian, authorised 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 practised 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 recognised 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 Johne's disease and where no vaccination for Johne's disease is practised, Maedi-Visna, *Brucella ovis*, *Brucella melitensis* and Tuberculosis.
3. The individual animals:
 - a. have been kept in pre-export isolation in the period of preparation for export and 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 with negative results within 30 days prior to departure for South Africa (**all laboratory test results must be attached**):
 - i. a rose bengal plate agglutination test and a compliment fixation test for *Brucella melitensis*
 - a. Date of laboratory result: _____;
 - ii. as far as breeding ovine rams are concerned: a compliment fixation test for *Brucella ovis*
 - a. Date of laboratory result: _____;
 - d. have never been vaccinated against Foot- and- Mouth disease;
 - e. 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.
 - f. in the case of **sheep**:
 - i. were treated with 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:
 - a. Date of treatment: _____
 - b. Drug(s) used: _____;
 - g. have been treated for 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:

- i. Date of treatment: _____
- ii. Remedy(ies) used: _____;

h. were examined within 72 hours of departure; and were found clinically healthy and visibly free from external parasites;

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- 4. All bedding, fodder or other feedstuffs for the animals emanate from areas not under any restrictions due to Foot and Mouth disease.
- 5. The animals were loaded and the vehicle effectively sealed under the direct supervision of an official authorised 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