DOKUMENT VAN IDENTIFIKASIE (OORDRAG VAN EIENAARSKAP) | DOCUMENT OF IDENTIFICATION (TRANSFER OF OWNERSHIP)

Artikel 6(1) van die Wet op Veediefstal 57 van 1959 - Section 6(1) of the Stock Theft Act 57 of 1959

A Besonderhede van Persoon, wat die vee verkoop, verruil, gee of van die hand sit.
Particulars of Person who sells, barters, gives or in any other manner dispose of the stock.

Volle naam en van / Full name and surname: _____

_____

ID Nr. / ID No. or Paspoort Nr. / Passport No.: _____

Sel / Cell: _____

Volledige Adres / Full Address: _____

B Besonderhede van Persoon ten behoewe waarvan die vee verkoop, verruil, gegee of van die hand gesit word. / Particulars of Person on whose behalf the stock is sold, bartered, given or disposed of.

Volle naam en van / Full name and surname: _____

_____

ID Nr. / ID No. or Paspoort Nr. / Passport No.: _____

Sel / Cell: _____

Volledige Adres / Full Address: _____

C Besonderhede van Afslaershuis aan wie vee gelewer word vir verkoop.
Particulars of Auctioneer, animals are delivered with, to be sold.

Volle naam en van / Full name and surname: _____

_____

ID Nr. / ID No. or Paspoort Nr. / Passport No.: _____

Sel./Cell/Tel.: _____

Volledige Adres / Full Address: _____

Besonderhede van vee / Particulars of stock:

Ras of soort Breed or kind	Getal Number	Brand-, oor-, tatoeëer- en ander identifikasiemerk(e) (as daar is). Brand mark, ear mark, tattoo mark and other identification mark(s) (if any).	*Indien die vee nie soos vermeld in Kolom 3 is nie of indien sodanige merk(e) nie ingevolge enige wet geregistreer is nie. *If the stock is not marked as stated in Column 3, or if such mark(s) are not registered in terms of any law.		
			Geslag & getal van elke geslag - Sex and number of each sex		Kleur - Colour

LET WEL: Kolom 4 is slegs van toepassing as die betrokke vee nie gemerk hoef te wees ingevolge die bepalings van die Wet op Identifikasie van Diere, Nr 6 van 2002, nie. **Ek sertifiseer dat: die vee hierbo omskryf my eiendom is (of) ek behoorlik gevolmag is deur die bogenoemde eienaar soos vermeld in paragraaf B om oor die vee te beskik.** (skrap wat nie van toepassing is nie)

PLEASE NOTE: Colum 4 shall only be applicable if the Animal Identification Act 6 of 2002 does not require the marking of such stock.
I certify that: the above mentioned stock is my property (or) that I am duly authorized by the owner of the above mentioned stock who is mentioned in paragraph B, to deal with or dispose of it. (Scratched out what is not applicable.)

_____ _____

Datum van Transaksie - Date of Transaction

Handtekening van persoon wat hierdie dokument uitreik. (Kolom A)
Signature of person who issues this document. (Column A)

Hierdie dokument moet vir 'n tydperk van een jaar deur die persoon aan wie die vee verkoop, verruil, gegee of van die hand gesit is, soos vermeld in paragraaf C, in besit gehou word (Art6(3) van Wet 57/1959).
This document must be retained in the possession of the person to whom it has been furnished, as mentioned in paragraph C, for a period of one year (Sect6(3) of Act 57/1959).

BTW GEREGISTREER / VAT REGISTERED Ja / Yes ☐ No/Nr: _____ Nee / No ☐

ADDENDUM A: GESONDHEIDSVERKLARING VIR DIERE WAT OP VEILING AANGEBIED WORD / HEALTH ATTESTATION FOR ANIMALS TO BE SOLD

DIERE-EIENAAR / LIVESTOCK OWNER: VEE-INLIGTING / LIVESTOCK INFO:
NAAM/NAME:_____ ID NO: _____
PLAASNAAM/FARM NAME:
GPS COORDINATES:
RAS/BREED:
TEL/CELL NO:
E-POS / EMAIL:

VEEARTSENY PRAKTISYN / VETERINARY PRACTITIONER/ BIOSECURITY PRACTITIONER
As the auction biosecurity practitioner, I declare that I examined _____ animals of the abovementioned owner and that they were clinically healthy and free from any communable disease.
_____ STEMPEL / STAMP _____ HANDTEKENING / SIGNATURE

WE REQUIRE HEALTH INFO TO THE BEST OF YOUR KNOWLEDGE / ONS VEREIS GESONDHEIDSINLIGTING NA DIE BESTE VAN U KENNIS:

To accept animals at the auction pens, we need info on the health status of the animals and the farm of origin. The Biosecurity practitioner at the auction facility needs correct info and that is why this health attestation is important. The info can be from your personal word, the local state vet or private vet.

Ons benodig inligting oor die gesondheidstatus van die diere en die plaas van oorsprong voordat ons diere by die veilingshokke kan aanvaar. Die Biosekuriteitspraktisyn by die veilingsfasiliteit benodig korrekte inligting en daarom is hierdie gesondheidsverklaring belangrik. Die inligting kan van u persoonlike werk, die plaaslike staatsveearts of privaat veearts wees.

1. Ons moet weet of een van die siektes die afgelope jaar op die plaas van oorsprong gediagnoseer is. Indien u nie weet nie, merk asseblief "?" anders JA of Nee						
1.1. Brucellose (BM) / Brucellosis (CA)	Ja/Yes		Nee/No		?	
1.2. Tuberkulose (TB) / Tuberculosis	Ja/Yes		Nee/No		?	
1.3. Paratuberkulose / Paratuberkulosis	Ja/Yes		Nee/No		?	
1.4. Aansteeklike bees-rinotracheitis / Infectious bovine rhinotracheitis	Ja/Yes		Nee/No		?	
1.5. Leptospirose / Leptospirosis	Ja/Yes		Nee/No		?	
1.6. Bloutong / Blue tongue	Ja/Yes		Nee/No		?	
1.7. Trichomonas-fetus / Trichomonas-foetus	Ja/Yes		Nee/No		?	
1.8. Campylobacter fetus / Campylobacter foetus	Ja/Yes		Nee/No		?	
1.9. Ensoötiese bees-leukose / Enzootic bovine leucosis	Ja/Yes		Nee/No		?	
1.10. Hondsdolheid / Rabies	Ja/Yes		Nee/No		?	
1.11. Knopvelsiekte / Lumpy Skin disease	Ja/Yes		Nee/No		?	
1.12. Slenkdalkoors / Rift Valley Fever	Ja/Yes		Nee/No		?	
1.13. Beesvirale diarree (BVD) / Bovine viral diarrhoa	Ja/Yes		Nee/No		?	
1.14. Bek-en klouseer / Foot and mouth disease	Ja/Yes		Nee/No		?	
1.15. Ander / Other	Ja/Yes		Nee/No		?	
4. Is diere behandel met: / Are animals treated with?					**Datum**	
4.1 Antibiotika / Antibiotics	Ja/Yes		Nee/No			
4.2 Hormone / Hormones	Ja/Yes		Nee/No			

2. Was animals vaccinated against the following diseases? If YES, supply the date of vaccination. / Was die diere teen die volgende siekte ingeënt? Indien JA, verskaf datum van inenting.						
2.1 Lumpy Skin Disease	**Ja/Yes**		**Nee/No**		**Date**	
2.2 Slenkdalkoors / Rift Valley Fever	**Ja/Yes**		**Nee/No**		**Date**	
2.3 Hondsdolheid / Rabies	**Ja/Yes**		**Nee/No**		**Date**	
2.4 Brucellose (BM) / Brucellosis (CA)	**Ja/Yes**		**Nee/No**		**Date**	
2.5 Beesvirale diarree (BVD) / Bovine viral diarrhoa	**Ja/Yes**		**Nee/No**		**Date**	
2.6 Bloutong / Blue tongue	**Ja/Yes**		**Nee/No**		**Date**	
2.7 Bek-en klouseer / Foot and mouth disease	**Ja/Yes**		**Nee/No**		**Date**	
2.8 I.B.R	**Ja/Yes**		**Nee/No**		**Date**	
2.9 Other / Ander	**Ja/Yes**		**Nee/No**		**Date**	
(Black quarter, Bothrax, Anthrax, etc / Sponssiekte, Bothrax, miltsiekte, ens,)						
					Date	
3. Was any samples tested at a lab for / Is monsters in ;n laboratorium getoets vir:						
3.1 Brucellose (BM) / Brucellosis (CA)	**Ja/Yes**		**Nee/No**		**Date**	
3.2 Tuberkulose (TB) / Tuberculosis	**Ja/Yes**		**Nee/No**		**Date**	
3.3 Sheath washes – Trichomonas / Skedewas – Trichomonas, Campylobacter	**Ja/Yes**		**Nee/No**		**Date**	
3.4 B.V.D	**Ja/Yes**		**Nee/No**		**Date**	
3.5 I.B.R.	**Ja/Yes**		**Nee/No**		**Date**	
3.6 Leukosis / Leukose	**Ja/Yes**		**Nee/No**		**Date**	
3.7 Other / Ander	**Ja/Yes**		**Nee/No**		**Date**	
If available, attach lab results / Heg die laboratorium resultate aan, indien beskikbaar.						

5. Since when were animals kept on farm of origin? / Van wanneer af is diere op die plaas van oorsprong gehou?_____

6. When last were any animals introduced on farm of origin / Wanneer laas is nuwe diere op die plaas van oorsprong bekendgestel? _____

7. Is the farm currently under quarantine? / Is die plaas tans onder kwarantyn? Yes / Ja Nee / No If yes, explain / indien JA, verduidelik _____

8. **I declare that the above-mentioned animals have been on the farm of origin for more than 28 days. / Hiermee verklaar ek, dat bogenoemde diere langer as 28 dae op my plaas was.**

Handtekening / Signature: _____