

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

## DIERE-EIENAAR / LIVESTOCK OWNER: VEE-INFORMASIE / LIVESTOCK INFO:

NAAM/NAME: \_\_\_\_\_ VEEARTSENY PRAKTISYN / VETERINARY PRACTITIONER  
 PLAASNAAM / FARM NAME: \_\_\_\_\_ NAAM / NAME: \_\_\_\_\_  
 RAS/BREED: \_\_\_\_\_ ID NR. \_\_\_\_\_ DORP / TOWN: \_\_\_\_\_  
 POSADRES / POSTAL ADDRESS: \_\_\_\_\_ PROVINSIE / PROVINCE: \_\_\_\_\_  
 \_\_\_\_\_ POSADRES / POSTAL ADDRESS: \_\_\_\_\_  
 TEL/CELL NO.: \_\_\_\_\_ TEL/CELL NO.: \_\_\_\_\_  
 E-POS / E-MAIL: \_\_\_\_\_ E-POS / E-MAIL: \_\_\_\_\_

### WE REQUIRE HEALTH INFO TO THE BEST OF YOUR KNOWLEDGE / ONS VEREIS GESONDHEIDSINFO 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 Vet at the auction facility needs correct info and that is why this health attestation is important. The info can be, your personal word, from the local state vet or private vet.

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

#### 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 (CA) / Brucellelisis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.2	Tuberkulose (TB) / Tuberkulosis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.3	Paratuberkulose / Paratuberkulosis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.4	Aansteeklike bees-rinotracheitis/ infectious bovine rhinotracheitis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.5	Leptospirose / Leptospirosis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.6	Bloutong / Blue tongue	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.7	Trichomonas-fetus / Trichomonas fetus	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.8	Campylobacter fetus / Campylobacter foetus	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.9	Ensoötiese bees-leukose / Enzootic bovine leucosis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.1	Hondsdolheid / Rabies	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.11	Knopvelsiekte / Lumpy disease	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.12	Slenkdalkoors / Rift Valley fever	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.13	Beesvirale diarree (B.V.D) / Bovine Viral Diarrhoea	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.14	Bek- en klouseer / Footandmouth disease	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>
1.15	Ander / Other	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>

#### 2. Was animals vaccinated against the following diseases? If YES, give the date of vaccination / Is diere teen die volgende siekte ingeënt? Indien JA, gee die datum van inenting.

2.1	Lumpy skin / Knopvel	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.2	Rift Valey / Slenkdalkoors	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.3	Rabies / Hondsdolheid	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.4	Brucellosis (CA) / Brucellose	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.5	B.V.D. / B.V.D.	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.6	Blue tongue / Bloutong	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.7	Foot and Mouth disease / Bek- en klouseer	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.8	I.B.R. / I.B.R.	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
2.9	Other / Ander	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>

(Black quarter, Bothax, Anthrax, etc / Sponssiekte, Bohtax, miltsiekte, ens.)

#### 3. Was any samples tested at a lab for / Is monsters in 'n laboratorium getoets vir:

3.1	Brucellosis (CA) / Brucellose	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.2	Tuberkulose (TB) / Tuberkulosis	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.3	Sheath washes - Trihomonas / Skede was - Trichomonas /Campylobacter/ Campylobacter	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.4	B.V.D. / B.V.D.	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.5	I.B.R. / I.B.R.	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.6	Leukosis / Leukose	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.7	Other / Ander	Ja / Yes	<input type="checkbox"/>	Nee / No	<input type="checkbox"/>	Datum/Date	<input type="text"/>
3.8	If available, attached the lab results / Heg die laboratoriumresultate, indien beskikbaar, aan						

4. Since when where animals kept on farm of origin / Van wanneer is diere op die plaas van oorsprong gehou: .....

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

6. Is the farm correctly under quarantine? / Is die plaas korrek onder kwarantyn  Ja / Yes  Nee / No

If YES, explain / indien JA, verduidelik: .....

Handtekening/Signature: .....