



## APPLICATION FOR INTER-PROVINCIAL MOVEMENT OF CLOVEN-HOOFED ANIMALS

In terms of the Animal Diseases Act, 1984 (Act No. 35 of 1984)

### 1. APPLICANT DETAILS

Full Name & Surname/ Entity			
ID / Registration Number			
Contact Number		Stock card No:	
Email Address			
Physical Address			
	<b>2. ORIGIN</b>	<b>3. DESTINATION</b>	
Farm Name & Number			
District/Municipality			
Province			
GPS Coordinates			
Planned date of movement			
Owner/ Manager Name			

### 4. ANIMAL DETAILS

Species:		Number of Animals:		Registered Brand:	
Reason for Movement					
Sale:		Slaughter:		Breeding:	
				Auction:	
Other (Specify):					

### 5. APPLICATION T ORIGIN

	INITIAL AND SURNAME:	SIGNATURE:	EMAIL	DATE
SV/ AHT				
State Veterinarian Farm Declaration	Attached	Not Attached	Under Quarantine	Not under quarantine
DIRECTOR/DELIGATE				
Supported:	Yes:	No:	CONDITIONS:	

### 6. APPROVAL AT DESTINATION

APPROVAL:	APPROVED		NOT APPROVED	
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APPROVED BY:	INITIAL AND SURNAME:	EMAIL	SIGNATURE	DATE

### 7. DISTRIBUTION OF APPROVAL

Please return approved application to:

	INITIALS AND SURNAME	EMAIL	CELL NO
TO ORIGIN			
TO DESTINATION			

Document of **IDENTIFICATION ART/SEC6** – Stock Theft Act, Act 57/1959

OWNER of stock										BUYER / RECIPIENT of stock										
Full Name																				
ID Number																				
Full Address																				
Cell No																				

If applicable:

I am the **DULY AUTHORISED AGENT** of the owner mentioned above, authorized to dispose of the stock herein detailed, and to issue a certificate of removal in terms of Sections 6 and 8 of the Stock Theft Act, Act 57/1959:

Full name: \_\_\_\_\_

Full address: \_\_\_\_\_

I hereby certify that:

The stock is my property/ I am duly authorized by the owner to deal with the stock or dispose of it, and that if this stock is being delivered to an AAM run saleyard, that upon receipt, AAM is authorized to present the stock to be sold.

Signature (owner/ duly authorized): \_\_\_\_\_ Issue date: \_\_\_\_\_

Quantity	Breed	Sex	Colour/ Description	Brand, ear & other marks

Livestock **REMOVAL** Certificate **ART/SEC8** – Stock Theft Act, Act 57/1959

**CERTIFICATE ISSUED BY:** (owner/ duly authorized agent)

Full Name: \_\_\_\_\_

Physical address: \_\_\_\_\_

Hereby grants permission to:

Full name of Driver: \_\_\_\_\_ Transport Company: \_\_\_\_\_

Registration, model & make of vehicle: \_\_\_\_\_

To take possession of and to transport/herd the abovementioned animals (referred to in Section 6 document):

**Stock Particulars:**

From: \_\_\_\_\_ to: \_\_\_\_\_

Signature of issuer (owner/ duly authorized): \_\_\_\_\_ Issue date: \_\_\_\_\_

Received by (print name): \_\_\_\_\_



D	D	/	M	M	/	Y	Y	Y	Y	SIGNATURE				C	O	N	T	A	C	T	N	O

Date of declaration

Signature and contact number of responsible person<sup>1</sup>

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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