

OFFICE USE ONLY: Hereby I, _____, as the auction vet, declare that I examined the below mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

AUCTION VET:	signature
AUCTION DATE:	Date

ANIMAL OWNER

SURNAME	
NAME	
I.D NO.	
RESIDENTIAL / FARM ADDRESS	
TEL. NO.	
MUNICIPALITY	

STATE VET

NAME			
TOWN		PROVINCE	
POSTAL ADDRESS			
TOWN		FAX	
E-MAIL			

LIVESTOCK INFO

BRAND MARK	
QUANTITY	
BREED	

PRIVATE VET

NAME			
TOWN		PROVINCE	
POSTAL ADDRESS			
TOWN		FAX	
E-MAIL			

WE REQUIRE HEALTH INFO TO THE BEST OF YOUR KNOWLEDGE.

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 of your personal work, from the local state vet, private vet or district animal health technicians.

1. We need to know if any of the diseases was diagnosed on the farm of origin in the last 30 days. If you don't know please mark "?" otherwise Yes or No.

Brucellosis (CA)	YES	NO	?
Tuberculosis (TB)	YES	NO	?
Paratuberculosis	YES	NO	?
Infectious Bovine Rhinotrachetis	YES	NO	?
Leptospirosis	YES	NO	?
Bluetonge	YES	NO	?
Trichomonas foetus	YES	NO	?
Campylobacter foetus foetus	YES	NO	?
Enziotic bovine Leucosis	YES	NO	?
Rabies	YES	NO	?
Lumpy skin disease	YES	NO	?
Rift Valley fever	YES	NO	?
Bovine Viral Diarrhoea (B.V.D.)	YES	NO	?
Foot and Mouth disease	YES	NO	?
Other: Specify:	YES	NO	?

2. Were animals vaccinated against the following diseases? If yes, give the date of vaccination.

Brucellosis (CA)	YES	NO	?	Date:
Infectious Bovine Rhinotrachetis	YES	NO	?	Date:
Bluetonge	YES	NO	?	Date:
Rabies	YES	NO	?	Date:
Lumpy skin disease	YES	NO	?	Date:
Rift Valley fever	YES	NO	?	Date:
Bovine Viral Diarrhoea (B.V.D.)	YES	NO	?	Date:
Foot and Mouth disease	YES	NO	?	Date:
Other: Black quarter, Bohtax, Anthrax	YES	NO	?	Date:

3. Were any samples tested at a lab for: If available attach the lab results.

Brucellosis (CA)	YES	NO	?	Date:
Tuberculosis (TB)	YES	NO	?	Date:
Sheath washes Trichomonas	YES	NO	?	Date:
Campylobacter	YES	NO	?	Date:
Bovine Viral Diarrhoea (B.V.D.)	YES	NO	?	Date:
I.B.R.	YES	NO	?	Date:
Leukosis	YES	NO	?	Date:
Other: Specify:	YES	NO	?	Date:

Since when were animals kept on farm of origin:

When last were any new animals introduced on farm of origin:

Is the farm correctly under quarantine:	YES	NO	?	Date:
If YES, explain:				

Hereby I, _____, as the state vet / herd veterinarian / animal health technician, declare that I examined the above mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

Hereby I, _____, as the owner / representative of the owner, declare that I examined the above mentioned animals and that the animals were clinically healthy and clinically free from any communicable disease.

STATE VET / PRIVATE VET Hantekening / Signature	
DATE:	

OWNER / REPRESENTATIVE Hantekening / Signature	
DATE:	