



MINISTRY OF AGRICULTURE  
**ESWATINI**

PHONE : (+268) 4042731/9  
FAX : (+268) 4049802

P.O BOX 162  
MBABANE

IMPORT PERMIT NO:

DATE OF ISSUE :

**VETERINARY IMPORT PERMIT: BREEDING CATTLE FROM THE REPUBLIC OF SOUTH AFRICA**

(Issued in terms of the Animal Disease Act 7/1965)

**Permission is hereby granted to:**

FULL NAME:

PIN:

PHONE/MOBILE:

PHYSICAL ADDRESS:

**To import into the Kingdom of Eswatini the following cattle:**

Not more than:

From: Name of exporter:.....

Farm and Address of Origin: .....

District:

Province:

Country:

Direct to Destination: .....(Approved Quarantine)

Dip tank and No:..... Region:..... Subregion: .....

**Subject to the following conditions:**

1. The importer accepts the sole responsibility to ensure that the conditions set out herein are fully complied with and understands his/her duty in this regard.
2. The consignment of animals must be accompanied by this permit in original form and the attached original Health Certificate, duly completed in English and endorsed by an Official Veterinarian of the Veterinary Administration of the Country of Origin.
3. The animals must only be conveyed by mechanical transport, in an officially sealed truck with seal numbers endorsed on the Veterinary Health Certificate and must enter Eswatini at ..... Port of Entry (officially designated) and proceed direct to destination.
4. The importer should notify the official Government Veterinarian of .....at Telephone \_\_\_\_\_ Fax \_\_\_\_\_ about the intended arrival time of the animals at the Port of Entry 24 hours in advance.
5. Offloading of the animals may only be at the Approved Quarantine facility and done under the permission/supervision of the official Government Veterinarian or a designated official who will in turn

Import Permit Number: .....

break the seals; the animals to remain in this facility for a period of Thirty (30) days under Veterinary Supervision.

- 6. This permit is valid until ..... (Date of Expiry) and for ONE CONSIGNMENT but is subject to cancellation by the Director of Veterinary and Livestock Services at any time without prior notice should such action be deemed necessary.

For : .....  
(Full Name and signature)

**DIRECTOR OF VETERINARY AND LIVESTOCK SERVICES**

**OFFICIAL USE ONLY**

<b>Port of Entry Control Official Stamp</b>	<b>Veterinary Official at Destination Stamp</b>
.....Signature	.....Signature
..... In consignment	.....Cattle In consignment

**Valid subject to the attached Health Certificate duly completed**



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PHONE : (0268) 4042731/9  
FAX : (0268) 4049802

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MBABANE

Your Ref No. :

DATE:

**VETERINARY HEALTH CERTIFICATE FOR THE IMPORTATION OF BREEDING  
CATTLE INTO THE KINGDOM OF ESWATINI**

COUNTRY OF ORIGIN:..... IMPORT PERMIT NUMBER:.....

**A. DESCRIPTION OF CONSIGNMENT**

**1. Number and Breed of Animal(s)**

<b>Eartag Identification Number*</b>	<b>Breed</b>	<b>Sex</b>	<b>Age</b>	<b>Colour</b>

\*All animals must be individually identified using eartags with unique pre-printed numbers  
If extra space is required use back page, duly endorsed.

**2. Origin of Animal(s)**

2.1 Name and Address of Exporter: .....

Phone/Mobile No: .....

2.2 Farm name: .....

District: ..... Province: .....

**3. Destination of Animal(s)**

3.1 Name and Address of Importer: .....

Phone/Mobile No:.....

3.2 Mode of transport and registration number(s):

.....

**B. HEALTH ATTESTATION**

Import Permit Number: .....

I,....., the undersigned Official Veterinarian authorized thereto by the Veterinary Administration of the Republic of South Africa, Certify that the **cattle** described in *Section A* above;

1. Originate from an establishment/farm under official veterinary control, where Foot and Mouth Disease (FMD) has not been reported within the establishment, and no cases have occurred within a 10-kilometre radius of the establishment/farm for the past 3 months.
2. Originate from an area/farms not under any veterinary restriction for Foot and Mouth Disease, Anthrax, Brucellosis, Rift Valley Fever, Bluetongue, Contagious Bovine Pleuropneumonia, Peste des Petits Ruminants or any other epizootic animal disease to which the species is susceptible, and were not sold/disposed-off for any disease eradication campaign/control purpose.
3. Have been examined by me not more than 48 hours prior to the date of movement and that at the time of examination the animals showed no signs of communicable disease to which the species is susceptible.
4. Originate from a country where Bovine Spongiform Encephalopathy (BSE) has not been reported, and BSE is compulsorily notifiable, and there is legislation prohibiting the use of ruminant derived animal protein for ruminant feeding.
5. With regards to Foot and Mouth Disease (FMD),
  - 5.1 The cattle were derived from an establishments/farm **under official veterinary supervision with auditable, documented biosecurity measures equivalent to compartment standards and no cases of FMD have occurred in the establishment/farm and within a 10-kilometre radius of the establishment/farm for the past 90 days;**
  - 5.2 The cattle have been kept in the establishment/farm of origin for at least 90 days, or since birth if younger than 3 months, prior to any consideration of export and/or pre-export isolation
  - 5.3 The cattle were vaccinated or not vaccinated for FMD (*delete inapplicable*)
    - 5.3.1 If vaccinated;
      - 5.3.1.1 they were only vaccinated with vaccines officially approved by the South African Veterinary Authority.
      - 5.3.1.2 they must have completed a full vaccination course, where the last dose was administered not less than thirty (30) days and not more than six (6) months prior to the date of export.
      - 5.3.1.3 Vaccination details are;
        - 5.3.1.3.1 Vaccine manufacturer:.....
        - 5.3.1.3.2 Batch number:.....
        - 5.3.1.3.3 Vaccination dates:.....
        - 5.3.1.3.4 Serotypes included:.....
6. The cattle were subjected to a State Vet approved and supervised pre-export isolation for not less than thirty (30) days and have not been exposed to infection to which the species are susceptible to during this period (Date of approval.....);
  - 6.1 **Have all been sampled at least 14 days after the start of pre-export isolation period and;**

- 6.1.1 If not vaccinated, the animals were subjected to a virological test for FMD with negative result (results attached)
- 6.1.2 If vaccinated were subjected to virological and NSP serological tests for FMD with negative results (results attached)

- 7. With regards to bovine tuberculosis,
  - a) that EITHER the cattle originate from an accredited TB free herd (copy of accreditation certificate attached) OR;
  - b) originate from a herd where no cases of tuberculosis have been reported in the last 24 months and the animals have been individually tested for TB with an intradermal tuberculin test with negative results not more that 30 days prior to the movement into Eswatini (results attached).
- 8. With regards to bovine brucellosis,
  - a) that EITHER the cattle originate from an officially certified brucellosis free herd (copy of accreditation certificate attached) OR,
  - b) originate from a herd where no cases of brucellosis have been reported in the last 24 months and that animals over two (2) years old were subjected to Rose Bengal Test (RBT) **AND** Compliment Fixation Test (CFT) for brucellosis with negative results on both tests not more than thirty (30) days prior to the movement into Eswatini (attach original results).
- 9. Originate from a herd which has no history of Johnes disease in the last 5 years.
- 10. Come from a herd which is healthy and to the best of my knowledge clinically free from Bovine Viral Diarrhoea, Leptospirosis, Vibriosis, Trichomoniasis and have no history of Bovine Leucosis for the last six months;  
  
In the case of breeding bulls, clinical and laboratory examinations for Vibriosis and Trichomoniasis must be done with negative results (laboratory results attached).
- 11. Come from herds which are clinically free from IBR/IPV, **or** the animals to be exported are vaccinated against IBR/IPV with a vaccine approved by the Veterinary Competent Authority of the Republic of South Africa (vaccination dates.....).
- 12. Showed no clinical signs of Anthrax on the day of shipment and were vaccinated not less than 20 days and not more than 12 months prior to shipment (vaccination dates.....).
- 13. Have been treated for internal parasites (cestodes, trematodes and nematodes) and external parasites (ticks and lice) with a registered effective remedy within 21 days prior to departure.  
Date of treatment.....Remedy(ies) used.....  
.....
- 14. Have been loaded and sealed under official Veterinary Supervision with seal number(s)  
.....and transported in clean vehicles/containers approved for transportation of the species by the Veterinary Competent Authority of the Republic of South Africa.

Signed at..... on date:.....

**Official stamp**

Name:.....Signature:.....Qualification:.....

Designation :.....

Address :.....

:.....

Phone/Mobile No :.....

E-mail :.....

*INCOMPLETE CERTIFICATE WILL RESULT IN THE CONSIGNMENT BEING REFUSED ENTRY INTO ESWATINI*

SPECIMEN



