

ANNEX 5A

APPLICATION FORM

APPLICATION FOR REGISTRATION/RE-REGISTRATION OF A GAME FARM FOR EXPORT STATUS

1. To supply animals for slaughter at approved export establishments.
2. To participate in the national chemical residue control programme.
3. To participate in animal disease surveillance programmes when required.

A: PARTICULARS OF FARM AND OWNER

Name of Farm:	
District Municipality:	
State Veterinary Area:	
Name of owner:	
Postal address:	
Telephone:	
Fax:	
Cell number:	
E-Mail:	

B. DECLARATION AND SIGNATURE OF OWNER / AUTHORISED SIGNATORY OF FARM

I, _____ (full name)

(1) will:

- i) Notify the Provincial State Veterinarian (PSV) promptly of any disease outbreak in the herd/flock/game on the farm,
- ii) Not stock, administer or provide access to production enhancers / growth stimulants or any substance that is a Beta agonist or has an oestrogenic, androgenic, gestagenic or thyrostatic effect to any domestic animal or game animals on the farm or allow such agents to be administered, or be provided,
- iii) Comply with the control measures imposed by the PSV if an outbreak of a controlled animal disease should occur on the farm,
- iv) Observe withdrawal periods of any therapeutic remedies used,
- v) Keep register of all treatments (min 2 years required)
- vi) Submit all game that died to a veterinarian for post-mortem examination except where obvious reasons for death can be given.
- vii) Inform the PSV of all undiagnosed deaths of game on the farm.
- viii) Allow the PSV to inspect any animals and take any sample(s) in the flock(s)/ in the herd(s) or game animals as he/she deems necessary,
- ix) Keep records as prescribed in paragraphs 8 - 10. Electronic records will be printed regularly and retained for at least 2 years,
- x) Will comply with the requirements set in the Standards applicable to game farms, as discussed in Part 1 of this VPN.
- xi) Notify the PSV of any potential / actual chemical risks that may arise.

(2) Declare that all the records and information provided in this application as well as in the Management programs pertaining to the farming activities on the above farm is true and accurate and that no relevant information was withheld.

Signed at _____ (date)
(place) _____

Signature	Owner	Authorised signatory	Witness