

ANNEX 9D

ANNEX 9D - HEALTH ATTESTATION BY ISSUING PROVINCIAL STATE VETERINARIAN*

Ref. N° _____
(Farm Registration N° may be used)

Letterhead & contact details of issuing DSV

Address: _____

Tel. N°: _____
Fax N°: _____
Cell Phone _____

Addressed to: _____
(Name of OVI at abattoir of destination)

ATTESTATION BY THE ISSUING PROVINCIAL STATE VETERINARIAN

I _____ hereby certify that the
In the case of wild solipeds, there has been no case/outbreak of African Horse sickness or
ganders during the previous 40 days within a radius of 10km around the farm of origin and
approved game handling establishment.

Signed at (place) _____ (date) _____ *

Stamp _____
(Signature of Provincial State Veterinarian)

(Name in capital letters, title and qualification)

(2) * This health attestation is valid for 10 days / completion of all fields compulsory.
(3) (1) applicable to solipeds (zebra)