



**DEPARTMENT OF AGRICULTURE**  
**APPLICATION FOR FOOT AND MOUTH DISEASE VACCINATION**

**PART A: APPLICATION FOR FOOT AND MOUTH DISEASE VACCINATION**

(to be completed and signed by the owner of the animals and the owner of the land)

**FARMER INFORMATION**

- Full Name and Surname: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

**FARM INFORMATION**

- Farm Name: \_\_\_\_\_
- Official Farm Name (Surveyor General): \_\_\_\_\_
- Local Municipality: \_\_\_\_\_
- District Municipality: \_\_\_\_\_
- Province: \_\_\_\_\_
- GPS Coordinates \_\_\_\_\_

**HERD INFORMATION**

- Total Number of Cloven Hoofed Livestock: \_\_\_\_\_
- Number of animals to be vaccinated: \_\_\_\_\_

**DECLARATION**

I, the undersigned, owner /manager of the land and owner of the animals, declare as follows:

1. I hereby request that my herd be vaccinated with Foot and Mouth Disease (FMD) vaccine to safeguard my livestock against the adverse effects of natural/wild infection.
2. I declare and confirm that, to the best of my knowledge, no animals on the above-mentioned farm are known to be infected or suspected of being infected with FMD, and the land is not under any veterinary restriction due to FMD.
3. I have ensured that all cloven hoofed animals to be vaccinated are individually identified prior to vaccination.
4. I understand that all vaccinated animals will be subject to lifelong traceability and that a record of their vaccination will be kept in the livestock identification and traceability system.

5. I am aware that booster vaccinations will be required as prescribed by the vaccine manufacturer to maintain herd immunity.
6. I acknowledge that vaccination reduces the clinical signs of FMD in animals, but does not prevent animals from becoming infected, and I will therefore take and maintain reasonable biosecurity measures on my farm, even after vaccination, to prevent disease introduction, as required in terms of Section 11 of the Animal Diseases Act, 1984 (Act No 35 of 1984);
7. Should the animals on my farm become infected with FMD, I acknowledge that the farm will be regarded as infected and that veterinary quarantine and restrictions will apply;
8. I accept the implications that vaccinating my herd may have on potential buyers and export of animals and products from my herd and I indemnify the state veterinary authority against any losses I incur as a result of vaccinating my herd;
9. I understand that some animals may experience adverse reactions to vaccination such as allergic responses, injection site reactions, or other health complications including embryonic deaths or absorptions/abortions, and I commit to report all such adverse reactions to the state veterinarian;
10. By signing the request for FMD vaccination, I the undersigned hereby indemnify and hold harmless the state entity (including but not limited to the Department of Agriculture) supplying and administering the vaccine from any and all claims, damages, or legal actions by myself or any third party that may arise as a result of the vaccination.
11. Optional: I request the services of a registered private veterinarian, nominated below, to perform the FMD vaccination on my farm and acknowledge that this will be for my own account. (please delete if not applicable)

*Please sign both places, even if the owner of the land is the same as the owner of the animals:*

**DECLARATION AND SIGNATURE OF OWNER/MANAGER OF THE LAND**

- Full Name and Surname: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**DECLARATION AND SIGNATURE OF THE OWNER OF THE ANIMALS**

- Full Name and Surname: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## **PART B: APPLICATION OF PRIVATE VETERINARIAN TO PERFORM VACCINATION AGAINST FOOT AND MOUTH DISEASE**

(Optional: To be completed if the owner of the animals and/or the land requires the services of the identified private veterinarian to perform FMD vaccination)

### **NOMINATION OF PRIVATE VETERINARIAN BY OWNER OF THE ANIMALS OR LAND**

I, the owner of the land and/or the animals specified above, request the services of the following registered private veterinarian to perform FMD vaccination on the farm specified above.

### **DETAILS OF NOMINATED PRIVATE VETERINARIAN**

- Full Name and Surname: \_\_\_\_\_
- SAVC registration number: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- State Veterinary Area of the animals to be vaccinated: \_\_\_\_\_

### **DECLARATION BY PRIVATE VETERINARIAN**

I, the undersigned veterinarian, with contact details as provided above, declare as follows:

1. I will perform vaccination of cloven hoofed animals against FMD as directed by the state veterinarian, in accordance with veterinary services-approved protocols and will only use vaccine obtained from the state veterinary office or on prescription from the state veterinary office;
2. I will record and report all vaccinations done, vaccine returns, adverse reactions and any suspect clinical signs of FMD to the state veterinary services;
3. I will ensure that only individually identified animals are vaccinated and I will keep record of all vaccinations done to ensure full traceability of the vaccinated animals;
4. I will adhere to the requirements of the vaccine manufacturer in terms of cold chain management, safety requirements, withdrawal periods and booster intervals;
5. I shall take all steps required of me to ensure that information and records belonging to the clients are not disclosed to any person or organization not authorized to receive and/or possess such information or records.
6. I will comply with all quarantine, movement control and biosecurity requirements to prevent the spread of disease between farms;
7. I acknowledge that I will charge the livestock owner for the professional time and travel associated with the vaccination, fees will be charged according to standard private veterinary service rates, and no vaccine costs will be charged to the client.

Signature

Date

## PART C: APPROVAL OF APPLICATION TO VACCINATE

(To be completed by the state veterinarian for the land on which animals will be vaccinated)

### DECLARATION BY STATE VETERINARIAN

- Full Name and Surname: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- State Veterinary Area of the animals to be vaccinated: \_\_\_\_\_

I, the undersigned, hereby declare that:

1. The animals and land relevant to this application falls within my state veterinary area;
2. At the time of application, the animals and the land for which vaccination is sought are not under restriction due to FMD, and not infected or suspected of being infected with FMD;
3. Only FMD vaccine authorised by the National Department of Agriculture will be utilised for the vaccination;
4. Any adverse reactions will be reported to the vaccine manufacturer, the registering body and the National Department of Agriculture;
5. Should animals on the land become infected or suspected of being infected with FMD, I will place the farm under quarantine and deal with it as an infected property;
6. I recommend approval to vaccinate the cloven hoofed animals as per this application;
7. If a private veterinarian was nominated in Part B above to perform the vaccination of the animals as per this application,
  - 7.1 I have been in contact with the nominated private veterinarian;
  - 7.2 I have confirmed that he/she agrees to perform vaccination of cloven hoofed animals against FMD as directed by me, in accordance with veterinary services-approved protocols and will only use vaccine obtained from my office or on prescription from my office;
  - 7.3 I **recommend/do not recommend** the nomination.

Signature

Official stamp

### APPROVAL BY PROVINCIAL DIRECTOR

I, \_\_\_\_\_, approve the request for vaccination as detailed in this application and will report this approval to the National Director Animal Health.

Signature

Official stamp