

Dear Agri EC / EC RPO Members and Members of the Public,

13 August 2024

Foot-and-Mouth Movement Permits within the Kouga and Koukamma Local Municipalities.

As you may be aware Agri EC has been facilitating with the FMD movement permits since the control measures were published by the State Vet for the area. On the 26th of July 2024, Minister John Steenhuisen published the Government Gazette declaring the Disease Management Area (hereafter "DMA"- map attached as Annexure A) within Kouga and Koukamma Local Municipalities, which provided further information regarding the movement of animals within and outside of the DMA.

The Department has drawn up a protocol for the movement of animals outside and within the DMA which has been made available and circulated on 13.08.2024. **The previous restrictions are no longer in place.** The new protocols attached to this letter outline the procedures that farmers need to adhere to when applying for movement within or into Kouga and Koukamma Local Municipalities.

Agri EC is still facilitating the permitting system for farms OUTSIDE of the DMA, on behalf of the State Veterinarian, within the Kouga and Koukamma Local Municipalities. This will be done through the veterinary permit used by Agri EC on behalf of the State Vet. For movements WITHIN the DMA farmers need to apply in terms of the protocol to the permit officer at ecp.fmdpermits@drdar.gov.za and this will be through a Red Cross Permit from the State Vet. However, applications for WITHIN the DMA will be facilitated by Agri EC who will send the application on to the permit officer for attention. The application forms for OUTSIDE the DMA are attached as Annexure C, and the application form for WITHIN the DMA is attached as Annexure B

Within the Government Gazette of the 26th of July 2024, Point 4 - Prohibition on the movement of animals, animal products and genetic material except on authority of a permit in certain areas. No cloven-hoofed animals may be moved from, to or within the DMA of the Eastern Cape except under the authority of a permit from the State Vet.

Point 5. Document requirements for movement of cattle, sheep, and goats in the whole country which states as follows:

Movement of live cattle, sheep, and goats in the province and areas other than those specified under paragraphs 3 and 4 of this schedule must be accompanied by the following documents:

- (1) Owner declaration attesting to the origin and health status of the animals in compliance with any conditions or prescriptions for such declarations that may be determined by the director;. (Annexure D)*
- (2) Signed undertaking of the recipient at destination, in compliance with any conditions or prescriptions for such undertakings that may be determined by the director, confirming that the animals will be isolated on the farm of destination for at least 28 days before introducing them into the main herd. (Annexure F)*

These abovementioned documents apply throughout the country and for movement permits WITHIN and OUTSIDE of the DMA. Kindly see the templates of the two above documents attached to this letter (Annexure D and F).

Agri EC would like to remind applicants about the following:

1. In the Protocol it has been instructed that applicants provide a **5 working day lead time** to process permits and get them approved by the State Vet. Applicants must plan accordingly to prevent delays or inconveniences. Inquiries to Agri EC on permits, prior to three working days lapsing, will not be entertained as it takes away from valuable working time. All applications received by the Agri Coordination Centre will be acknowledged on receipt.
2. This process takes time and attention, we will process these applications as quickly as possible, the State Vet still need to approve them and due to other issues, he is not always available.
3. In the case of an emergency movement, whereby the 5 working day rule cannot apply, motivation will be requested for an exemption and immediate permit processing if all documentation is received.
4. Permit applications are only to be sent to the Agri EC Operation Centre (via email, WhatsApp, or Telegram - details below) which will pass it on to the responsible person dealing with permits. Do not send it directly to an Agri EC representative. **Agri Coordination Centre contact details: agriops@agriec.co.za , agriops2@agriec.co.za , 060 997 4503.**
5. Please note there are **two separate application forms** for OUTSIDE and WITHIN respectively (see attached - Annexure B and C).
6. To prevent further delays permit applications must include the following documentation:
OUTSIDE the DMA Applications:
MOVEMENT to SLAUGHTER:
 - a) **Permit Application** - OUTSIDE of the DMA to be used (Annexure C). Please fill in every entry of the application form with all the information that is required in order to process the permit application efficiently without any back and forth.

- b) **Each animal being moved must be individually identifiable** -this information must be provided with the permit application.
- c) **Animal Health Declaration** completed by the Owner of the animals (see attached template - Annexure D).
- d) **Section 6 and 8 documents**.
- e) An **abattoir confirmation letter** is required.

MOVEMENT FOR KEEPING, BREEDING, and FARMING (Between farms/to Feedlot etc.):

- a) **Permit Application** - OUTSIDE of the DMA to be used (Annexure C). Please fill in every entry of the application form with all the information that is required in order to process the permit application efficiently without any back and forth.
- b) **Each animal being moved must be individually identifiable** -this information must be provided with the permit application.
- c) **Animal Health Attestation** completed by the Veterinary Services (Private Vet or Animal Health Technician (see attached template - Annexure E).
- d) **Section 6 and 8 documents**.
- e) Written approval from the recipient of the animals confirming isolation of the animals for a minimum of 28 day on arrival to the destination farm.

WITHIN the DMA Applications:

MOVEMENT OUT OF and WITHIN the DMA:

- a) **Permit Application** - WITHIN the DMA to be used (Annexure B). Please fill in every entry of the application form with all the information that is required in order to process the permit application efficiently without any back and forth.
- b) An **abattoir confirmation letter** is required.
- c) **Confirmation from the responsible State Veterinarian** with regards to the FMD status of the farm of origin.
- d) **Confirmation of the slaughter** details for every consignment by the abattoir owner or manager.
- e) **Section 6 and 8 documents**.

MOVEMENT INTO the DMA:

- a) **Permit Application** - WITHIN the DMA to be used (Annexure B). Please fill in every entry of the application form with all the information that is required in order to process the permit application efficiently without any back and forth.
- b) **Animal Health Declaration** completed by the Owner of the animals (see attached template - Annexure D).
- c) An **abattoir confirmation letter** is required.
- d) **Section 6 and 8 documents**.

Please do not send applications on multiple platforms, only send one application once to Agri EC Coordination Centre. By sending multiple applications (for the same movement) on different platforms causes confusion and extended delays. Applicants are to send one application to the Agri Coordination Centre, which will acknowledge receipt of the application. Only if acknowledgment of receipt is not received within 2 days of the original application from the Agri Coordination Centre, applicants may follow up on the same platform.

It is important to note that the Health Declaration documents apply to all movement of animals, across the entire South Africa. Members are to add these documents to their Section 6 and 8 documents when moving animals as per the Government Gazette of 26th July 2024.

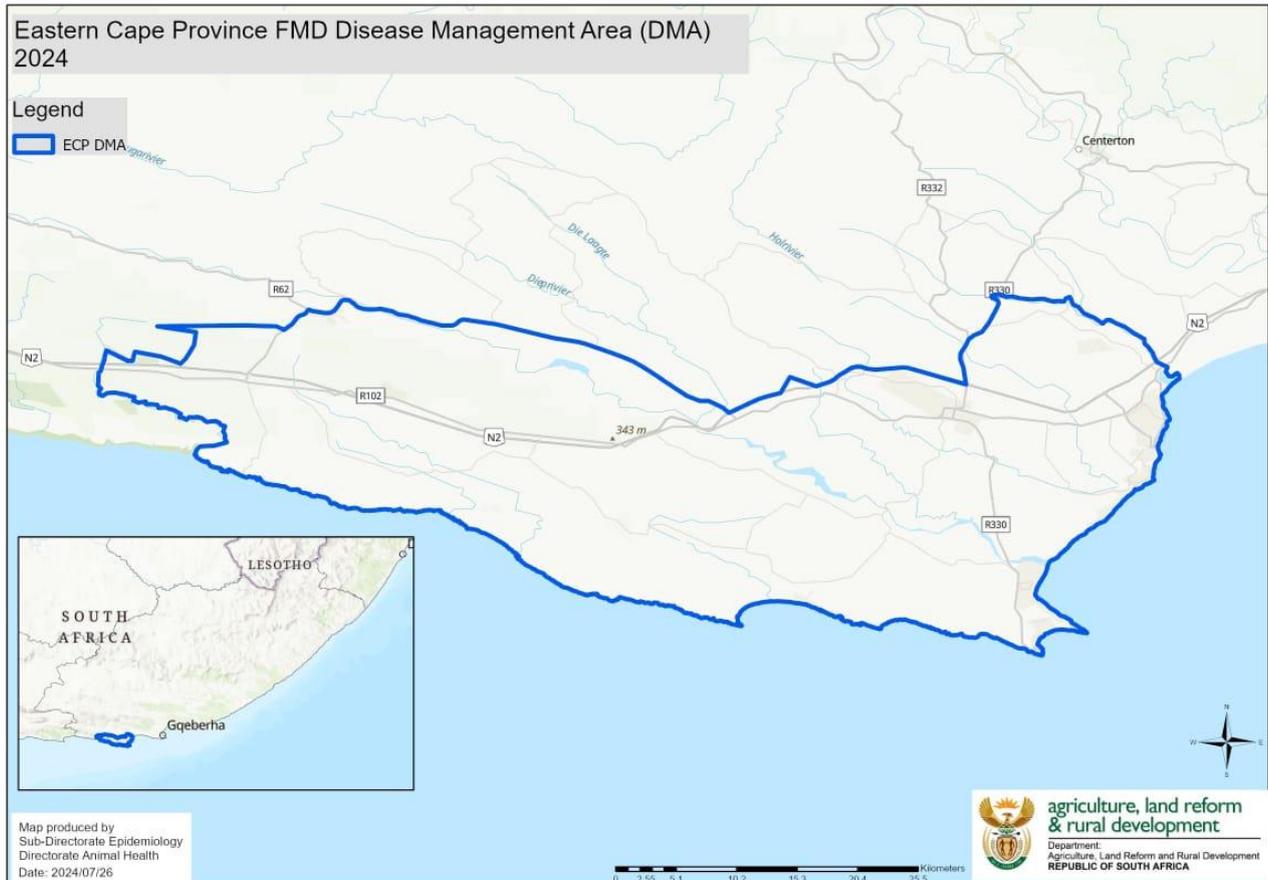
In terms of the Biosecurity Rules for Livestock Agents, and these two documents mentioned above, the identification of animals is critical. It is also important that all animals being moved need to be individually identifiable. Should the list of animals exceed the list provided in the document, these lists could be attached as an annexure.

Kind regards,



Brent McNamara
Agri EC/ECRPO CEO

Annexure A: Map.



Gazette explanation of the DMA boundary from the Gazette of 26th July 2024.

THE EASTERN CAPE PROVINCE DISEASE MANAGEMENT AREA

The portions of Kou-kamma municipality and Kouga municipality, which are demarcated by the following boundaries, are declared to be part of the Eastern Cape Province Disease Management Area:

- (i) The western boundary is the Groot River.
- (ii) The northern boundary is the continuation of the Groot River where it turns east, up to where the Groot River joins the boundary of the Witelsbos State Forest. Then along the southern and eastern border of the Witelsbos State Forest until the R402, from there along the R402 until the R62. Then along the R62 until the N2. Then along the N2 up until the R330. Then along the R330 in a northerly direction up to where the R330 road crosses the Kabeljous River.
- (iii) The eastern boundary is the Kabeljous River.
- (iv) The southern boundary is the Indian Ocean.
- (v) Including the whole of all farms that are transected by these boundaries.

Annexure B: Application for Movement WITHIN the DMA. (Page 1 of 2)



Date

Red Cross Ref No. <small>(filled in by Permit Officer)</small>

Application for a Permit to Move Animals from WITHIN the Foot-and-Mouth Disease Management Area.

In terms of the Animal Disease Act, 1984, as amended, and subject to the conditions specified below, the following applicant and associated details refer.

Name and Surname:	<input type="text"/>	
Farm Name:	<input type="text"/>	
Email Address:	<input type="text"/>	
Postal Address:	<input type="text"/>	
GPS Coordinates of Farm of Origin:	<input type="text"/>	S
	<input type="text"/>	E
Local Municipality:	<input type="text"/>	
District Municipality:	<input type="text"/>	
Name of Abattoir:	<input type="text"/>	
GPS Coordinates of Abattoir:	<input type="text"/>	S
	<input type="text"/>	E
Registration number of vehicle moving animals:	<input type="text"/>	

Conditions:

Prohibition on the movement of animals, animal products and genetic material except on authority of a permit in certain areas.

4. No cloven-hoofed animals, animal products derived from cloven-hoofed animals or genetic material of cloven-hoofed animals may not be moved from, to or within the Disease Management Area of the Eastern Cape Province except under the authority of a State Veterinary permit contemplated in Regulation 20 (1) of the Regulations and in compliance with the conditions of such permit.

Annexure C: Application for Movement OUTSIDE the DMA. (Page 1 of 2)



Date	ER Number <small>(Filled in by Agri EC)</small>

Application for a Permit to Move Animals from OUTSIDE the Foot-and-Mouth Disease Management Area.

In terms of the Animal Disease Act, 1984, as amended, and subject to the conditions specified below, the following applicant and associated details refer.

Name and Surname:

Farm Name:

GPS Coordinates of Farm of Origin: S
 E

Local Municipality:

District Municipality:

Name of Abattoir:

GPS Coordinates of Abattoir: S
 E

Registration number of vehicle moving animals:

Conditions:

Paragraph 5: Document requirements for movement of cattle, sheep and goats in the whole country. Movement of live cattle, sheep, and goats in the provinces and areas other than those specified under paragraphs 3 and 4 of this schedule must be accompanied by the following documents:

- (1) Owner declaration attesting to the origin and health status of the animals and in compliance with any conditions or prescriptions for such declarations that may be determined by the director.
- (2) Signed undertaking of the recipient at destination, in compliance with any conditions or prescriptions for such undertakings that may be determined by the director, confirming that the animals will be isolated on the farm of destination for at least 28 days before introducing them in to the main herd.

Annexure D: Animal Health Declaration - Completed by Owner as part of application.

VETERINARY SERVICES

ANIMAL HEALTH DECLARATION by RESPONSIBLE PERSON for MOVEMENT

I, ,

being the responsible person¹ of the following animals:

cattle goats sheep pigs other other other

which are ALL the cloven-hoofed livestock in my herd/s on the farm / in the ~~diptank~~ area:

NAME OF FARM / DIPTANK AREA	NUMBER OF FARM
in the local municipal area of	
NAME OF LOCAL MUNICIPALITY	

hereby, in compliance with section 11 (1) of the Animal Diseases Act no. 35 of 1984, and with reference to the above-mentioned herd/s, animals and farm / ~~diptank~~ area:

1. declare that, during the past 28 days:
 - 1.1. all animals were either born, or have been on the farm or in the ~~diptank~~ area;
 - 1.2. no other animals have been added to this/these herd/s;
 - 1.3. none of the animals showed any clinical sign suspicious for any controlled disease²;
 - 1.4. there have been no deaths in the herd/s which may be linked to any controlled disease²;
 - 1.5. I had no contact with any suspect or positive Foot and mouth disease animals or premises
2. undertake to immediately report any suspicious sign of a controlled disease² to a State Veterinarian;
3. intend to move the animals listed below, within three days, from the place above, to:

NAME OF FARM / DIPTANK AREA / FEEDLOT / ABATTOIR / AUCTION	
in the local municipal area of	NAME OF LOCAL MUNICIPALITY on D D / M M / Y Y Y Y

LIST OF ANIMALS TO BE MOVED:				species	total number
Age	Sex	Colour	Registered brand ³	Identification (eartag/tattoo/brand, etc.)	

D D / M M / Y Y Y Y	SIGNATURE	C O N T A C T N O
Date of declaration	Signature and contact number of responsible person ¹	

This declaration does not replace any document required in terms of the Stock Theft Act no. 57 of 1959, or a veterinary movement permit if required by the Animal Diseases Act no. 35 of 1984.

1. "Responsible person" means a manager or owner of land or an owner of animals.

2. "Controlled disease" includes amongst others foot and mouth disease, sheep scab, Brucellosis, tuberculosis, African swine fever

3. In terms of the Animal Identification Act no 6 of 2002 version 20191211

Annexure E: Animal Health Attestation - Completed by by Private Vet or Animal Health Technician.

ANIMAL HEALTH ATTESTATION

<p align="center">Particulars of Owner</p> Name: _____ ID/Reg No: _____ Tel: _____ Email: _____ Farm Address: _____ _____ <small>INCLUDE FARM NAME, PARCEL NUMBER AND DISTRICT</small>	<p align="center">Particulars of Private/State Veterinarian</p> Name: _____ Tel: _____ Email: _____ Physical Address: _____ _____ _____
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Particulars of Stock:

Number	Breed	Sex	Colour	Brand/Tattoo Mark

- 1) Have any of these diseases been diagnosed on the farm of origin in the last year?

1.1 Brucellosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.2 Tuberculosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.3 Paratuberculosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.4 Infectious Bovine Rhinotracheitis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.5 Leptospirosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.6 Blue Tongue	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.7 Thrichomonas Fetus	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.8 Campylobacter Fetus	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.9 Enzootic Bovine Leucosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.10 Rabies	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.11 Lumpy Skin	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.12 Rift Valley Fever	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.13 Bovine Viral Diarrhoea	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.14 Foot-and-Mouth Disease	YES <input type="checkbox"/> / NO <input type="checkbox"/>
1.15 Other _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>
- 2) Have the abovementioned animals been vaccinated against the following diseases? If Yes, when.

2.1 Lumpy Skin	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.2 Rift Valley Fever	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.3 Rabies	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.4 Brucellosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.5 B.V.D.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.6 Blue Tongue	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.7 Foot-and-Mouth	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.8 I.B.R.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
2.9 Other _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
<small>(Black Quarter, Botul, Anthrax)</small>		
- 3) Were any samples tested at a lab for? If Yes, when.

3.1 Brucellosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.2 Tuberculosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.3 Sheath washes	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.4 B.V.D.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.5 I.B.R.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.6 Leucosis	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____
3.7 Other _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>	_____

- 4) Have there been any unexpected animal deaths on the farm of origin in the last 28 days? YES / NO
- 5) Since when were the abovementioned animals kept on the farm of origin? _____
- 6) When last were any new animals introduced on the farm of origin? _____
- 7) Is the farm currently under quarantine? YES / NO If Yes, explain. _____

Hereby I, _____, as the owner/duly authorised representative of the owner, declare that I examined the abovementioned animals and that the animals were clinically healthy and clinically free from any communicable disease. Date: _____ Signature: _____	Hereby I, _____, as the private veterinarian/state veterinarian/animal health technician, declare that I examined the abovementioned animals and that the animals were clinically healthy and clinically free from any communicable disease. Date: _____ Signature: _____
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