

**Department of Animal Production and Health
Animal Quarantine and Inspection Service**

(Please type or write in BLOCK letters)

Exporter/Applicant	Application for Export of Domestic and Wild Animals (Animal Disease Act. No 59 of 1992)
Name and Address of the Applicant	(Office use only) IVHC No.: Receipt No: Date :
Telephone & Fax Nos.	
Importer	Import Details
Name and Address of the Importer	Country of Origin: Expected Date of Export: Mode of Transport (Air/Sea): Country/ Port of Disembarkation:
Telephone & Fax Nos.	

*Type of Animal	Breed	No. of Animals		Identification Marks	Age/ Date of Birth
		Male	Female		

*State whether Cattle, Goats, Horses, Dogs, Cats or any other type

Place of Origin of Animals:
Last Vaccination Date for Rabies:
Availability of test reports on antibody titer against Rabies:
If applicable Expected date of Echinococcus treatment: (Please receive the attachment from AQO)

Declaration:

I declare that to the best of my knowledge and belief all the above information is true and correct,

.....

Signature and Name of the Applicant

Date:.....