



REPUBLIC OF NAMIBIA

MINISTRY OF AGRICULTURE, WATER AND LAND REFORM

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NAMIBIA

INTER-TERRITORIAL MOVEMENT PERMIT FOR DOGS AND CATS

Combined Veterinary Import / Export Permit, Movement Permit and Health Certificate for dogs and cats travelling either to or from the Republic of South Africa and Namibia.

A. Veterinary Import / Export Permit

Issued in terms of the Master Import Permit issued by the respective Veterinary Authorities

Authority is hereby granted to: (consignor name and address)

to import / export the under-mentioned animals from:

(Name and address of the establishment of origin)

1. Dog ___ Cat ___ Breed ___ Male ___ Female ___

Age ___ Colour ___ Identification (Name/marks/implant/tattoo)

Date of Rabies Vaccination ___ Type and Batch ___

Revaccination Date ___ Type and Batch ___

2. Dog ___ Cat ___ Breed ___ Male ___ Female ___

Age ___ Colour ___ Identification (Name/marks/implant/tattoo)

Date of Rabies Vaccination ___ Type and Batch ___

Revaccination Date ___ Type and Batch ___

3. Dog ___ Cat ___ Breed ___ Male ___ Female ___

Age ___ Colour ___ Identification (Name/marks/implant/tattoo)

Date of Rabies Vaccination ___ Type and Batch ___

Revaccination Date ___ Type and Batch ___

Destination: (Consignee name and address)

B.

Movement Permit

This document also serves as an Inter-territorial Movement Permit for dogs and cats between the Republic of South Africa and Namibia for a period of **thirty (30)** days from the date of issue, provided that:-

1. It accompanies the animal(s) during the movement.
2. The premises or area of origin / temporary residence are free from movement restrictions imposed for the control of rabies.
3. The animal(s) rabies immunity status complies with point C. 2(a) or (b)
4. Sections C or D were completed by a State Veterinarian within **seven (7) days** of the animal's departure.

C.

Veterinary Health Certificate (Please refer to B)

I, _____ of address _____ hereby certify that I have today examined the animal(s) described on the reverse side of this certificate. The animal(s) was / were found to be healthy and free from clinical signs of communicable diseases.

Place: _____

Date: _____

Practice / Official Stamp

Signature of certifying Veterinarian
Registered Veterinarian / State Veterinarian (¹)

1. The animal(s) originate from a premises or area free from movement restrictions imposed for the control of rabies.
2. The animal(s):
 - (a) has/have a valid rabies vaccination certificate (see table below); **OR (¹)**
 - (b) Is/are under three months of age and the mother was vaccinated against rabies at least 30 days but not longer than twelve months prior to giving birth.

Place: _____

Date: _____

Reference No.: _____

Official stamp(²)

Signature of State/Government Veterinarian(²)

Name, address and designation in print

(1) Delete whichever is not applicable.

(2) The signature and the stamp must be in a different colour to that of the printing of the document.

General information on Rabies Vaccination and immunity for dogs and cats:

Primary Vaccination		Revaccination	
Time of vaccination	Validity of immunity	Time of revaccination	Validity of immunity
3 months and older	<u>Dog & cat:</u> One year beginning 30 days after date of vaccination.	Before validity of immunity expires	<u>Dog:</u> 3 years after date of revaccination. <u>Cat:</u> one year after date of revaccination.

D.

Reintroduction of Dogs / Cats (Please refer to B)

This permit is also valid for the animal(s) described at A to return to the point of origin within **thirty (30) days** if the following certificate is completed by a State Veterinarian stationed in the area of temporary residence.

I, the undersigned State Veterinarian, certify that:

1. the animal(s) described at point A:
 - (a) was/were today examined by me and found to be healthy and free from clinical signs of communicable diseases

OR (¹)

 - (b) was/were examined by a Registered Veterinarian in private practice as indicated on the attached health certificate
2. The area of temporary residence is free from any movement restrictions imposed for the control of rabies.
3. The animal(s) has/have, to the best of my knowledge, not been in contact with any rabid animal during its/their stay in the area of temporary residence.

Place: _____

Date: _____

Reference No.: _____

Official stamp(²)

Signature of State Veterinarian(²)

Name, address and designation in print

(1) Delete whichever is not applicable.

(2) The signature and the stamp must be in a different colour to that of the printing of the document.