agriculture

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REPUBLIC OF SOUTH AFRICA

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APPLICATION FOR APPROVAL FOR A STALLION FOR ARTIFICIAL INSEMINATION

VETERINARY CERTIFICATE ISSUED IN TERMS OF THE REQUIREMENTS OF ARTICLE 7(4)(a) OF THE ANIMAL IMPROVEMENT ACT, 1998 (ACT NO. 62 OF 1998) AND ANIMAL DISEASES ACT, 1984

CENTRE: _____
NAME/IDENTIFICATION OF BOAR: _____
BREED: _____
DATE OF BIRTH: _____
REGISTRATION NUMBER: _____
AI CODE: _____

1.	**CLINICAL EXAMINATION** (on first day of quarantine) (General health, testes, penis, accessory glands and absence of hereditary deficiencies)		
	Date of examination ……/……/…… yy mm dd		
	Findings:		
	Remarks:		
2.	**TEST ROUTINE**		**Date administered**
	* day 21	**Equine Infectious Anaemia** AGID test	
	* day 21	**Dourine** CF, IFA or ELISA	
	* day 1 and 21	**EVA** VN Test	…… and……
	* day 21	**CEM** Agent Identification	
	* day 21	**Pathological Bacteria in semen**	
3.	**VACCINATION ROUTINE (<u>under veterinary supervision</u>)**		**Date administered**
	* African Horse Sickness		
4.	**SEMEN EVALUATION** <u>MACROSCOPIC</u> Amount		
	Density		
	Colour		
	Date		
	<u>MICROSCOPIC</u> Mobility		
	Neutrophiles		
	% abnormalities		
	Date		

5.	**CLINICAL EXAMINATION** (on last day of quarantine) (General health, testes, penis, accessory glands and absence of hereditary deficiencies)
	Date of examination ...../...../..... yy mm dd
	Findings:
	Remarks:
6.	**CERTIFICATION** (by a private veterinarian)
	I hereby certify that the above information is to the best of my knowledge true and correct. A clinical examination was performed by me on ..... and ..... and the said boars were found healthy and free from any infectious disease to which the species is susceptible. .... Signature Date .... Name in capital letters SAVC registration number
7.	**ENDORSEMENT** (by an official veterinarian)
	I, a veterinarian authorized by the South African Veterinary Authority hereby endorse the certification done above by a qualified registered veterinarian and ***recommend/not recommended** the use of the said board for semen collection for Artificial Insemination purposes. .... Signature Date .... Name in capital letters S. V. area Official Stamp * delete as per recommendation.