

All communications should be addressed to  
"CHIEF DIRECTOR"

Telephone: 242-791516, 242-707683  
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Reference:

DEPARTMENT OF VETERINARY SERVICES  
Ministry of Lands, Agriculture, Water & Rural Resettlement  
P.O Box CY 66, Causeway  
Harare

**VETERINARY CONDITIONS FOR THE IMPORTATION OF  
TILAPIA FISH INTO ZIMBABWE FROM  
UNITED STATES OF AMERICA**  
(Issued in terms of the Animal Health Act 1996)

Import permit number..... **(attached)**.

Authority is hereby granted to .....

Of .....

To import into Zimbabwe .....

From .....

**THIS HEALTH CERTIFICATE IS VALID FOR ONE CONSIGNMENT**

**B. HEALTH CERTIFICATE**

Provided all the conditions below are fully complied with:

**(A)** I hereby certify that the above mentioned premises from which fish destined for export are derived from:

1. are free from external evidence, on the fish, of the following conditions:

- White spot (*Ichthyophthirius multifiliis*)
- Ichthyobodiasis (*Ichthyobodo* infection)
- *Gryodactylus* and *Dactylogyrus*
- Fish lice (*Argulus* spp.)
- Oodinium & monogenean parasites
- Gill rot and ulcers caused by fungus or bacteria
- *Flexibacter columnaris*
- *Aeromonas* and
- Piscine mycobacteria

2. have not reported cases of piscine mycobacteriosis found in fish on the premises in the last 3 years.
3. surveillance of fish on the premises has shown freedom from Epidemic Ulcerative Syndrome (EUS).
4. have not reported cases of the following diseases found in fish on the premises in the last 12 months:
  - a. Streptococcus infection (*Streptococcus iniae*, *S. agalactiae*, *S. paratyphosus* & *S. dysgalactiae*)
  - b. Lactococcus garviae
  - c. Aeromonas hydrophila
  - d. Francisella noatunensis
  - e. Infectious Spleen and Kidney Necrosis Virus (ISKNV)
  - f. Koi Herpes Virus (KHV)
5. have not reported cases of Tilapia Lake Virus (TiLV) found in fish on the premises in the last 6 months.

**(B)** The fish destined for export are healthy, and free from external signs of disease including the above mentioned conditions under Part A, and any conformational abnormalities and emaciation.

.....  
**OFFICIAL STAMP**

.....  
**USDA ACCREDITED VETERINARIAN**  
 (SIGNATURE & DATE)

.....  
 (PRINT NAME)

.....  
**OFFICIAL STAMP**

.....  
**USDA, APHIS, Veterinary Medical**  
**Officer** (SIGNATURE & DATE)

.....  
 (PRINT NAME)