According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

VETERINARY HEALTH CERTIFICATE FOR EXPORT OF CATTLE FROM THE UNITED STATES OF AMERICA TO THE REPUBLIC OF BOTSWANA

| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue | | Certificate Number | | | | |
|--|---------------|---|--|--------|--|--|--|
| | | | | | | | |
| 1. Consignor: | | 2. Consignee | : | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. Country Of Origin: USA | | 4. State Of Or | rigin: | | | | |
| 5. Country Of Destination: Botswana | | 6. Zone Of De | estination: ********************** | ****** | | | |
| 7. Place Of Origin: | | 8. Port Of Em | barkation / Border Crossing: | | | | |
| | | | | | | | |
| | | | | | | | |
| 9. Estimated Date Of Shipment: | | 10. Means Of Transport: | | | | | |
| 11. ************************* | | 12. CITES Permit Number: *********************************** | | | | | |
| 13. Description Of Commodity: Cattle | | | 14. Date Of Inspection: | | | | |
| 15. Total Quantity: | | | l Information: | | | | |
| 17. Total Number Of Packages/Containers: | | | | | | | |
| 18. Identification / Seal Numbers: | | | | | | | |
| | | , | | | | | |
| 19. Commodities Intended Use: ${\rm N}/{\rm A}$ | | 20. Type Of A | dmission: | | | | |
| 21. Identification Of Commodities: | | | | | | | |
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VETERINARY HEALTH CERTIFICATE FOR EXPORT OF CATTLE FROM THE UNITED STATES OF AMERICA TO THE REPUBLIC OF BOTSWANA

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| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue | Certificate Number | rtificate Number | |
| | | | | |
| 21. Identification Of Commodities: Continued | | | | |
| Official Identif | ication | Breed | Sex | Age |
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VETERINARY HEALTH CERTIFICATE FOR EXPORT OF CATTLE FROM THE UNITED STATES OF AMERICA TO THE REPUBLIC OF BOTSWANA

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Veterinary Authority Date Of Issue Certificate Number

UNITED STATES DEPARTMENT OF AGRICULTURE

| Additio | nal F | ield | (s) | ١: |
|---------|-------|------|-----|----|
| | | | | |

| Botswana Import Permit Number: | |
|--------------------------------|--|
| Import Permit Expiry Date: | |
| | |

Certification Statements:

- I, the undersigned USDA accredited veterinarian, certify to the following statements.
- 1. The United States is free of contagious bovine pleuropneumonia (CBPP), foot and mouth disease (FMD), lumpy skin disease, and Rift Valley Fever, without vaccination.
- 2. The United States is recognized by the World Organization for Animal Health (WOAH) as a country having a negligible risk status for bovine spongiform encephalopathy (BSE).
- 3. The state(s) of origin is officially free of brucellosis and tuberculosis.
- 4. The herd of origin has been free of clinical cases of bovine leukosis, infectious bovine rhinotracheitis, campylobacteriosis and trichomoniasis for the last 12 months prior to export.
- 5. The animals were:
- a. Continuously resident in the United States since birth or for at least 90 days before export.
- b. Isolated for at least 30 days immediately prior to export, in a facility approved by a USDA accredited veterinarian.
- 6. The animals were inspected within 21 days prior to export and found to be free from clinical evidence of communicable diseases.
- 7. The cattle must be tested during isolation (with the exception of tuberculosis), with negative results for the diseases listed below:
- a. Tuberculosis: Intradermal test using bovine PPD tuberculin (within 60 days of export) OR any other test recommended by WOAH.
- b. Brucellosis: Complement fixation test at a 1:10 dilution OR buffered Brucella antigen test (i.e., card test) OR Enzyme- linked immunosorbent assay (ELISA) or standard tube test OR fluorescent Polarization Assay (FPA) OR plate agglutination test at a 1:50 dilution OR any other test recommended by WOAH.
- c. Campylobacteriosis: Culture OR PCR of cultured preputial material.

NOTE: Testing only required for bulls that have been naturally mated.

- d. Trichimonosis: Culture OR PCR of cultured preputial material.
- NOTE: Testing only required for bulls that have been naturally mated.
- 8. Within 21 days prior to the export, the animals were inspected and treated for

VETERINARY HEALTH CERTIFICATE FOR EXPORT OF CATTLE FROM THE UNITED STATES OF AMERICA TO THE REPUBLIC OF BOTSWANA

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| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue | Certificate Number | |
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| Additional Field(s): | | | |
| Certification Statements: internal and external parasit | ces. | | |
| Date(s) of treatment: Name(s) of product: | _ | | |
| 9. Within 60 days prior to exbovine rhinotracheitis (IBR), (BVD), parainfluenza and Lept | , bovine viral diarrhea | | ectious |
| Date(s) of vaccinations: | | | |
| 10. The animals will receive within 48 hours of export, ardisease and fit for travel within the second seco | nd only those found fre | ee of evidence of commun | |
| ************************************** | ***** | ****** | ***** |

Veterinary Health Certificate for Export of Cattle from the United States of America to Botswana

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UNITED STATES DEPARTMENT OF AGRICULTURE

Test Table

Cattle for export were tested during isolation (with the exception of tuberculosis), with negative results for the following diseases.

| Cattle for expor | t were tested during | g isolation (with t | ile exception of tu | Derculosis), With | i negative results for the followin | y uiseases. | | |
|----------------------------|-----------------------------|---------------------------|----------------------------|--------------------------|--|---------------------------------|---|----------------------------|
| Official Identification | Tuberculosis Test Method | Tuberculosis Test Date | Brucellosis Test Method | Brucellosis Test Date | Campylobacteriosis Test Method (if applicable) | Campylobacteriosis Test Date | Trichimonosis Test Method (if applicable) | Trichimonosis Test Date |
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| Name of Accredited Veterinarian | Name of USDA Veterinarian |
|--------------------------------------|--------------------------------|
| | |
| Signature of Accredited Veterinarian | Signature of USDA Veterinarian |
| | |
| Date | Date |
| | |