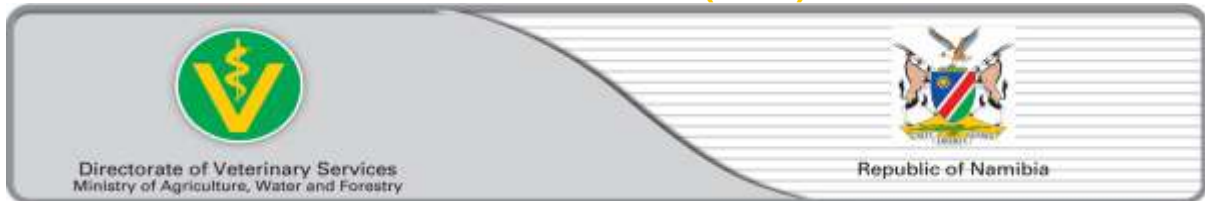


This is an official animal health questionnaire for all livestock farmers

# Animal Health Questionnaire (AHQ) and FAN Meat Declaration (FMd)



*It is quick and easy, and your answers are protected by law and will be treated in strict confidence. Complete the Animal Health Questionnaire and help the livestock industry to get the assistance it needs from Veterinary Services – today and in the future! (For completion by farmers)*

## Start Here

Before answering the questionnaire, please READ the following instructions:

- This questionnaire is to be completed by the farm owner or a person responsible for the upkeep of the livestock.
- The person who will complete the questionnaire must familiarise himself or herself with the guidelines provided in the manual before completing it.
- It is a requirement to complete this questionnaire every six months under the Animal Disease and Parasites Act, (Act No. 13 of 1956). Failure to do so is an offence and may result in your prosecution or veterinary restrictions being imposed on your farm.
- The questionnaire is to be completed every six months for the January to June and the July to December periods respectively.
- It is your responsibility to ensure that the questionnaire is submitted to your state veterinary office before the end of January for the July to December period and before the end of July for the January to June period respectively.
- Written or e-mail acknowledgement of receipt will be given to you by the DVS upon submission of your questionnaire.
- The questionnaire must be completed clearly in ENGLISH, and in BLOCK LETTERS.
- Every question must be completed fully. If no information or data is available or if it is not applicable to your circumstances, indicate by writing N/A in the appropriate space.
- You must make copies for further reference

**1. For which period are you reporting?**

Select one box  January to June  July to December and complete the year: \_\_\_\_\_

**2. Give your name, farm name and contact details. (Complete the boxes)**

Owner \_\_\_\_\_  
Farm Name \_\_\_\_\_  
Farm Number \_\_\_\_\_ District \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_

FARMING SYSTEM  Communal  Resettlement  Commercial

Other (specify) \_\_\_\_\_

**3. What are the registered stock brands on your farm? (Enter the FAN Meat Numbers/Stock Brand Codes in boxes)**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

**4. Give the number of animals on your farm. (Complete the boxes)**

|             |       |              |       |             |       |
|-------------|-------|--------------|-------|-------------|-------|
| Beef Cattle | _____ | Dairy Cattle | _____ |             |       |
| Karakul     | _____ | Dorper       | _____ | Other Sheep | _____ |
| Boerbok     | _____ | Other Goats  | _____ |             |       |
| Chickens    | _____ | Ostriches    | _____ | Pigs        | _____ |
| Horses      | _____ | Donkeys      | _____ | Mules       | _____ |

5. Are records of all animal movements into and from your farm up to date and reported to DVS?  
Select one box  YES  NO
6. Are all animals marked, branded, tagged and registered in accordance with current legislation?  
Select one box  YES  NO
7. Give number of pets on your farm. Write number in boxes  
Dogs \_\_\_\_\_ Cats \_\_\_\_\_
8. Is game harvesting for commercial meat or biltong production practised on the farm?  
Select one box  YES  NO
9. What is the estimated number of main game species on your farm that can be used for commercial meat or biltong production?  
*Enter animal type and numbers in boxes*  
Animal Type \_\_\_\_\_ Estimated Numbers \_\_\_\_\_  
Animal Type \_\_\_\_\_ Estimated Numbers \_\_\_\_\_
10. Give the number of main game species that were harvested for commercial meat or biltong production.  
*Enter animal type and numbers in boxes*  
Animal Type \_\_\_\_\_ Number Harvested \_\_\_\_\_  
Animal Type \_\_\_\_\_ Number Harvested \_\_\_\_\_
11. Do you keep wildebeest on your farm?  
Select one box  YES  NO Estimated Number \_\_\_\_\_
12. Are farmed game animals on your farm confined by prescribed gameproof fencing?  
Select one box  YES  NO
13. Give the number of cattle lost to predators. *Enter main predator names and number of cattle lost in boxes*  
Predator \_\_\_\_\_ Cattle Lost \_\_\_\_\_  
Predator \_\_\_\_\_ Cattle Lost \_\_\_\_\_
14. Give the number of small stock lost to predators. *Enter main predator names and number of small stock lost*  
Predator \_\_\_\_\_ Cattle Lost \_\_\_\_\_  
Predator \_\_\_\_\_ Cattle Lost \_\_\_\_\_
15. Give the number of animals stolen from your farm. *Enter number in boxes. For Others, specify animal type*  
Cattle \_\_\_\_\_ Sheep \_\_\_\_\_ Goats \_\_\_\_\_  
Others \_\_\_\_\_ Number \_\_\_\_\_
16. Give the number of animals slaughtered on your farm for consumption. *Enter number in boxes*  
Cattle \_\_\_\_\_ Sheep \_\_\_\_\_ Goats \_\_\_\_\_

*Please Note – In order to answer questions 17 to 20, correctly use the list of diseases and clinical signs in the Animal Health Questionnaire guide.*

17. What were the main causes of livestock sickness and deaths on your farm? *Enter cause and number in boxes*

| CATTLE |       |       |
|--------|-------|-------|
| Cause  | Sick  | Dead  |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| SHEEP  |       |       |
| Cause  | Sick  | Dead  |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| GOATS  |       |       |
| Cause  | Sick  | Dead  |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |

18. What were the main causes of sickness and deaths of other animals on your farm?

*Enter cause and number in boxes.*

| Animal Type | Cause | Sick  | Dead  |
|-------------|-------|-------|-------|
| _____       | _____ | _____ | _____ |
| _____       | _____ | _____ | _____ |

19. What were the main clinical signs of unknown causes of animal sickness and deaths on your farm?

*Describe the main symptoms as listed in the guide and number of animals affected.*

| Animal Type | Clinical Signs | Sick  | Dead  |
|-------------|----------------|-------|-------|
| _____       | _____          | _____ | _____ |
| _____       | _____          | _____ | _____ |

**20. Did sick cattle, sheep or goats on your farm show any nervous signs as described in the questionnaire guide?**

Select one box  YES  NO

Write animal type, nervous signs observed & numbers affected in boxes

| Animal Type | Nervous Signs | Sick  |
|-------------|---------------|-------|
| _____       | _____         | _____ |
| _____       | _____         | _____ |

*Please Note* – Farmers are required by law to report all sick animals showing nervous signs to the state veterinarian for further investigation and assistance. If any animal showing nervous signs dies, the head must be submitted to the state veterinarian for further investigation.

**21. Were there any abortions on your farm?**

Select one box  YES  NO

Enter numbers below.

| Cattle | Sheep | Goats |
|--------|-------|-------|
| _____  | _____ | _____ |

*Please Note* - In order to answer question 22 and 23, you must inspect all your cattle, sheep, goats and pigs for foot-and-mouth disease and sheep for sheep scab according to directions given in the questionnaire guide from time to time.

**22. Did any animals show signs that you suspected to be those of foot-and-mouth disease?**

Select one box  YES  NO Numbers affected \_\_\_\_\_

**23. Did any animals show signs that you suspected to be those of sheep scab?**

Select one box  YES  NO Numbers affected \_\_\_\_\_

**24. Were there tick problems in your cattle herd?**

Select one box  YES  NO

**25. Were there tick problems among your sheep and goats?**

Select one box  YES  NO

**26. What was the quantity of grazing on your farm?**

Select one box  POOR  MEDIUM  GOOD

**27. What was the quality of grazing on your farm?**

Select one box  POOR  MEDIUM  GOOD

**28. What are the sources of water used to water livestock on your farm?**

Select one box  BOREHOLE  DAM  SURFACE WATER  RIVER

**29. What was the water situation on your farm?**

Select one box

Quantity  POOR  FAIR  GOOD

Quality  POOR  FAIR  GOOD

**30. What was the general condition of animals on your farm? Mark one box for each animal type**

Cattle  POOR  MEDIUM  GOOD

Sheep  POOR  MEDIUM  GOOD

Goats  POOR  MEDIUM  GOOD

**31. What were the main supplementary feeds for animals used on your farm?**

Enter names of stock feeds bought or main ingredients of own mixes for each animal type

**CATTLE**

1 \_\_\_\_\_

2 \_\_\_\_\_

**SMALL STOCK**

1 \_\_\_\_\_

2 \_\_\_\_\_

**POULTRY**

1 \_\_\_\_\_

2 \_\_\_\_\_

**PIGS**

1 \_\_\_\_\_

2 \_\_\_\_\_

**GAME**

1 \_\_\_\_\_

2 \_\_\_\_\_

**32. Did supplementary feeds fed to cattle, sheep, goats or game contain meat or bone meal?**

Select one box  YES  DO NOT KNOW  NO

Give more details below

\_\_\_\_\_

33. Did supplementary feeds or licks fed to cattle, sheep, goats or game contain poultry manure?

Select one box  YES  DO NOT KNOW  NO

Give more details below

34. Did you vaccinate cattle on your farm against anthrax?

Select one box  YES  NO

Give vaccine details, number vaccinated

| Batch Number | Date  | Cattle |
|--------------|-------|--------|
| _____        | _____ | _____  |

35. Did you vaccinate cattle on your farm against brucellosis?

Select one box  YES  NO

Give vaccine details, number vaccinated

| Batch Number | Date  | Cattle |
|--------------|-------|--------|
| _____        | _____ | _____  |

36. Which other vaccines were used on your farm?

Enter vaccine name and number of animals vaccinated below

| Vaccine Name | Cattle |
|--------------|--------|
| _____        | _____  |

| Vaccine Name | Small Stock |
|--------------|-------------|
| _____        | _____       |

37. Were dog(s) and cat(s) on your farm vaccinated against rabies?

Give vaccine details, number vaccinated

| Batch Number | Date  | Dogs  |
|--------------|-------|-------|
| _____        | _____ | _____ |

| Batch Number | Date  | Cats  |
|--------------|-------|-------|
| _____        | _____ | _____ |

38. What other livestock medicines including dip chemicals did you use on your farm? Give details of the names of medicines and animal type on which they were used.

| Animal | Name of Medicines/Dip Used |
|--------|----------------------------|
| _____  | _____                      |
| _____  | _____                      |

39. Did animal medicines used on your farm include those listed in Table 4 in the questionnaire guide?

Select one box  YES  NO

Give more details below

40. Did you ask for assistance or advice from any of the following people?

If YES, enter number of times.

Number

State Vet  YES  NO \_\_\_\_\_

Private Vet  YES  NO \_\_\_\_\_

Animal Health Technician  YES  NO \_\_\_\_\_

Vet Drugs Sales Rep  YES  NO \_\_\_\_\_

41. Did you receive a visit from any of these people?

If YES, enter number of times.

Number

State Vet  YES  NO \_\_\_\_\_

Private Vet  YES  NO \_\_\_\_\_

Animal Health Technician  YES  NO \_\_\_\_\_

Veterinary Sales Rep  YES  NO \_\_\_\_\_

42. Do you have any additional information or comments that you would like to state?

\_\_\_\_\_  
\_\_\_\_\_

Who completed this questionnaire?

Livestock Owner  Authorised Representative  AHT

To be signed after completing this form. Please check that you have not missed any pages or questions.

This form was completed to the best of my knowledge and belief

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name

Signature



# FAN Meat Scheme Declaration

Administered by the Meat Board of Namibia



1. Are the farms of origin of all bought-in animals known?  
Select one box  YES  NO  DO NOT KNOW
2. Do farms of origin of all bought-in animals participate in the FAN Meat Scheme?  
Select one box  YES  NO  DO NOT KNOW
3. Are animal movement records of all movements into and from your farm available?  
Select one box  YES  NO
4. Are all animals marked, branded or tagged in accordance with current legislation?  
Select one box  YES  NO
5. Are records of all recent treatments of animals on your farm kept up to date?  
Select one box  YES  NO
6. Did the medicines and feed used on your farm include artificial growth stimulants?  
Select one box  YES  NO  DO NOT KNOW
7. Did supplementary feeds and licks fed to cattle, sheep and goats contain meat or bone meal?  
Select one box  YES  NO  DO NOT KNOW
8. Did the supplementary feeds and licks fed to cattle, sheep and goats contain poultry manure?  
Select one box  YES  NO  DO NOT KNOW
9. Did you get authorisation from your state veterinarian before treating suspected sheep scab?  
Select one box  YES  NO
10. Were all cases of suspicious skin lesions reported immediately to your state veterinarian?  
Select one box  YES  NO
11. Did you present more than 80% of all animals on the farm during inspection visits?  
Select one box  YES  NO  THERE WAS NO INSPECTION
12. What was the overall condition of animals on your farm?  
Select one box  POOR  FAIR  GOOD
13. Are all cattle, sheep and goats raised under extensive conditions on natural grazing?  
Select one box  YES  NO
14. Do practices on your farm ensure minimum stress to livestock?  
Select one box  YES  NO
15. Do handling facilities on your farm allow safe handling of animals with minimum stress and risk of physical injury to livestock and staff?  
Select one box  YES  NO
16. Did all your animals have free access to an adequate supply of fresh, clean drinking water?  
Select one box  YES  NO
17. Were supplementary feeds and licks stored in accordance with good practice and free from contamination?  
Select one box  YES  NO
18. Where needed, was adequate shelter or shade available to animals?  
Select one box  YES  NO
19. Did all sick or injured animals receive immediate attention?  
Select one box  YES  NO
20. Were animal medicines stored in a lockable store in accordance with best practice?  
Select one box  YES  NO
21. Were animal medicines and other remedies used in accordance with the manufacturer's recommendations?  
Select one box  YES  NO
22. Were all relevant withdrawal periods of animal medicines and other remedies followed?  
Select one box  YES  NO
23. Did all the cattle receive all compulsory vaccinations?  
Select one box  YES  NO
24. Who completed this questionnaire?  
Select one box  LIVESTOCK OWNER  AUTHORISED REPRESENTATIVE

To be signed after completing this form. Please check that you have not missed any pages or questions.  
This form was completed to the best of my knowledge and belief

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Name Signature

Received from

Directorate of Veterinary Services  
ACKNOWLEDGEMENT OF RECEIPT

Received by

Signature

**NB. Retain this receipt as proof of submission of the Animal Health Questionnaire**