



Directorate Animal Health, Department of Agriculture, Land Reform and Rural Development Private Bag X138, Pretoria 0001

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UNDERTAKING FOR THE USE OF HALOCUR FOR THE TREATMENT OF CRYPTOSPORIDIUM

I, _____ (full name and surname), _____ (identity number), as the registered veterinarian treating patients for cryptosporidium by means of an Halocur, confirm that I have familiarised myself with the Animal Diseases Act, 1984 (Act 35 of 1984) and the potential detrimental effect of the incorrect and improper use of halofuginone on the animal disease status of South Africa. In this respect I undertake the following:

- Halocur will ONLY be used to treat
 - confirmed cryptosporidium cases
 - young bovine calves at the registered dosage
 - or ovine lambs and goat kids at the dosage indicated for the treatment of cryptosporidium and as per the legislative requirements of extra-label use
- Halocur will NOT be used to treat
 - any other animal except for bovine calves or ovine lambs or goat kids
 - any animals in the legislated Corridor disease controlled area of South Africa
 - any animals that have been diagnosed with, or may have been exposed to theileriosis
- Only monthly amounts of product will be dispensed at a time to my bona fide patients on the farm indicated on the application. I will peruse and keep copies of my client's register of Halocur use on the farm, on a monthly basis, for any indication of misuse before dispensing any further product.
- I have explained the above to my client and have obtained a written undertaking from them to confirm that they will comply with these provisions.
- I will keep the detailed registers and records of the use of all of the product obtained by myself;
- I will provide reports on which farms and patients the product was used on, including reconciliations of product still remaining to MSD Animal Health on a quarterly basis and to the state veterinary authority upon request.

Name of Practice _____

Practice Stamp

Vet SAVC registration number _____

Cell: _____

E-mail: _____

Physical Address of Practice _____

Signature of veterinarian _____ Date: _____

