



# agriculture, forestry & fisheries

Department:  
Agriculture, Forestry and Fisheries  
REPUBLIC OF SOUTH AFRICA

Directorate Animal Health  
Disease Control  
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Ref: 12/1/8/14

## 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 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
  - o confirmed cryptosporidium cases
  - o young bovine calves at the registered dosage
  - o ovine lambs and goat kids at the dosage indicated for the treatment of cryptosporidium and as per legislative requirements for extra-label use
- Halocur will NOT be used to treat
  - o any other animal except for bovine calves, ovine lambs or goat kids
  - o any animals in the corridor disease controlled area of South Africa
  - o any animals that have been diagnosed with, or may have been exposed to theileriosis
- I have explained the above provisions to my client and have obtained the attached written and signed undertaking from them to confirm that they will comply with these provisions;
- Only monthly amounts of product (number of full bottles required) 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 the register of use of Halocur on the farm, kept by the client, on a monthly basis, for any indication of misuse before dispensing any further product;
- I will keep 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 on a quarterly basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAVC registration number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_