



REPUBLIC OF MAURITIUS

Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries (Agro-Industry and Food Security Division)
Division of Veterinary Services
Agricultural Services – Réduit

Tel: (230) 4666662 Fax: (230) 4340968 Email moa-dvs@govmu.org

Veterinary Entry Document (VED)

PART 1: Details of consignment presented	1. Consignor/Exporter		2. Import Permit Number: Date of issue:			
			Border Inspection Post(BIP) Airport/Seaport			
	3. Consignee		4. Person responsible for load			
	5. Address		6. Country of Origin	ISO Code	7. country from where consigned	ISO Code
	8. Arrival at BIP (estimated date)		9. Veterinary documents Number (s) Date of issue Establishment of origin (where relevant) Veterinary approval number			
	10. Name and address of cold room/warehouse where products will be stored					
11 Name of goods, Number and type of packages			12. Commodity Code (CN minimum first 4 digits)			
			13. Gross weight (kg)			
			14. Net weight (kg)			
Temperature Chilled <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient <input type="checkbox"/>						
15. Seal Number and Container Number						
16 For Internal market <input type="checkbox"/> Human consumption: <input type="checkbox"/> Animal feeding stuff <input type="checkbox"/> Pharmaceutical Use <input type="checkbox"/> Technical Use <input type="checkbox"/> Other <input type="checkbox"/>						
17. Declaration I, undersigned person responsible for the load detailed above, certify that to the best of my knowledge and belief the statements made in section 1 of this document are true and complete.				Place of declaration Date of declaration Name of signatory Signature		



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Part 2: decision on consignment

18. VED Reference Number	
19. Documentary Check Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>	20. Identity Check Seal Check <input type="checkbox"/> OR Full Identity check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/>
21. Physical check Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Not done 1. Reduced check regime <input type="checkbox"/> 2. Other <input type="checkbox"/>	22. Laboratory tests No <input type="checkbox"/> Yes <input type="checkbox"/> Date of sampling: Details of samples Microbiological <input type="checkbox"/> Chemical <input type="checkbox"/> Tested for: Random <input type="checkbox"/> Suspicion <input type="checkbox"/> Results Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/> Released pending a result <input type="checkbox"/>
23. ACCEPTABLE for Internal Market For Free circulation <input type="checkbox"/> Human Consumption <input type="checkbox"/> Animal feeding stuff <input type="checkbox"/> Pharmaceutical Use <input type="checkbox"/> Technical use <input type="checkbox"/> Other <input type="checkbox"/>	24. NOT ACCEPTABLE 1. Re export <input type="checkbox"/> 2. Destruction <input type="checkbox"/> 3. Transformation <input type="checkbox"/> By date
25. Details of controlled destination Approval No (where relevant) <input type="text"/> Address <input type="text"/>	26. Reason for refusal 1. Absence/ Invalid Certificate <input type="checkbox"/> 2. Non-approved country <input type="checkbox"/> 3. Non-approved establishment <input type="checkbox"/> 4. Prohibited product <input type="checkbox"/> 5. ID Mis-match with documents <input type="checkbox"/> 6. ID Health mark error <input type="checkbox"/> 7. Physical hygiene failure <input type="checkbox"/> 8. Chemical contamination <input type="checkbox"/> 9. Micro biological contamination <input type="checkbox"/> 10. Other <input type="checkbox"/>
27. consignment Resealed New seal no: <input type="text"/>	
28. Full Identification of border inspection post/competent authority and official stamp Date: <input type="text"/> Stamp <input type="text"/>	29 Official veterinarians I the undersigned official veterinarian or designated official agent certify that the veterinary checks on this consignment have been carried out in accordance with the Animal Disease Act 1925 and regulations made thereunder. Signature <input type="text"/> Name (in Capital) <input type="text"/> Date <input type="text"/>