

**Model health certificate for the temporary or permanent admission of a registered equine
from EU countries and Norway**

GBHC168E v3.0 May 2022

Part I. Details of dispatched consignment							
I.1 Consignor Name: Address: Tel:		I.2 Certificate reference no.		I.3 Central competent authority			
		I.2.a UNN		I.4 Local competent authority			
I.5 Consignee Name: Address: Tel:				I.6 Operator responsible for the consignment: Name: Address: Tel:			
I.7 Country of origin	ISO code	I.8 Region of origin	Code	I.9 Country of destination	ISO code	I.10 Region of destination	Code
I.11 Place of origin Name: Approval number: Address:				I.12 Place of destination Name: Address:			
I.13 Place of loading Name: Approval number: Address:				I.14 Date of departure Time of departure			
I.15 Means of transport <input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other Identification: Authorised transporter approval number: Transporter details:				I.16 Entry BCP			
				I.17 Accompanying documents			

II.a. Certificate reference no.	II.b. UNN
---------------------------------	-----------

I.18 Description of animal				
I.19 Commodity code (HS code) 01.01	I.21 Not in use		I.23 Seal / Container No.	
I.20 Quantity	I.22 Number of animals 1		I.24 Not in use	
I.25 Animal certified for: <input type="checkbox"/> Registered equine				
I.25(a) Reference number of health certificate on which equine was temporarily exported from Great Britain:				
I.26 Transit details			I.27 <input type="checkbox"/> For import or admission into Great Britain	
I.28 Identification of the animal				
Species (Scientific name)	Identification system	Identification number	Age	Sex

Part II. Certification

I, the undersigned official veterinarian, hereby certify, that the animal described in Box I.28.:

- is a registered equine as defined in Article 2(c) of Commission Implementing Regulation (EU) 2018/659;
- was examined today and found free of clinical signs of disease and of obvious signs of ectoparasite infestation;
- is not intended for slaughter under a national programme of infectious or contagious disease eradication;

either⁽¹⁾ [- does not come from the territory or part of the territory of a Member State or Norway which is the subject of restrictions for reasons of African horse sickness;]

or⁽¹⁾ [- it comes from the territory or part of the territory of a Member State or Norway, which is subject to restrictions for reasons of African horse sickness, has remained for at least 40 days prior to dispatch in the vector proved quarantine station of (*insert name of quarantine station*) and has undergone a test for the detection of antibodies to the African horse sickness virus as described in Annex IV to Directive 2009/156/EC carried out simultaneously on blood samples taken on two occasions with an interval of between 21 and 30 days on (*insert date*) and during the 10 days prior to dispatch on (*insert date*)

II.a. Certificate reference no.	II.b. UNN

either⁽¹⁾ [with negative result in each case if it was not vaccinated against African horse sickness;]]

or⁽¹⁾ [without an increase in antibody count if it was vaccinated against African horse sickness;]]

either⁽¹⁾ [- was not vaccinated against African horse sickness;]

or⁽¹⁾ [- was vaccinated against African horse sickness on (*insert date*);

either⁽¹⁾ [at least two months prior to certification]]

or⁽¹⁾ [at least two months prior to entry into the quarantine station;]]

- has not been obtained from a holding which was subject to prohibition for animal health reasons, which laid down at least one of the following conditions:

either⁽¹⁾ [not all animals on the holding of species susceptible to the diseases mentioned hereafter were slaughtered and the prohibition lasted for at least:

(a) in the case of equidae suspected of having contracted dourine

either⁽¹⁾ [six months beginning on the date of the last actual or possible contact with a sick or infected with *Trypanosoma equiperdum* animal;]

or⁽¹⁾ [in the case of a stallion until the animal is castrated;]

(b) in the case of glanders, six months beginning on the day on which the equidae suffering from the disease or subjected with positive result to a test for the detection of the causative pathogen *Burkholderia mallei* or antibodies to that pathogen, were killed and destroyed;

(c) in the case of equine encephalomyelitis of any type, six months beginning on the day on which the equidae suffering from the disease have been slaughtered, except in case of West Nile virus infection, where the period of six months begins on the day the equidae died, have been removed from the holding or fully recovered;

(d) in the case of equine infectious anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart;

(e) in the case of vesicular stomatitis, six months from the last case;

(f) in the case of rabies, one month from the last case;

(g) in the case of anthrax, 15 days from the last case.]

or⁽¹⁾ [following cases of dourine, glanders, equine encephalomyelitis of all types, equine infectious anaemia, vesicular stomatitis, rabies or anthrax, all animals on the holding of species susceptible to the disease in question were slaughtered or killed and the prohibition lasted for 30 days or 15 days in the case of anthrax, beginning on the day on which, following the destruction of the animals, the disinfection of the premises, was satisfactorily completed;]

- to the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration;
- at the time of the inspection, it was fit to be transported on the intended journey in accordance with the provisions of Regulation (EC) No 1/2005.

II.a. Certificate reference no.	II.b. UNN
---------------------------------	-----------

Notes

References to European Union legislation within this certificate are references to direct EU legislation which has been retained in Great Britain (retained EU law as defined in the European Union (Withdrawal) Act 2018) and can be viewed on the UK legislation website (legislation.gov.uk).

References to Great Britain in this certificate include Channel Islands and Isle of Man.

Part I:

- Box reference I.15: Registration number (railway wagons or container and lorries), flight number (aircraft) or name (ship) and other relevant information is to be provided. In case of unloading and reloading, the consignor must inform the competent authority of GB.
- Box reference I.16: Do not use this box until the end of the transitional staging period.
- Box reference I.23: The container number and the seal number (if applicable) should be included.
- Box reference I.28: Identification system: The animal must bear an individual identifier which permits linking the animal to the identification document as defined in Article 2(b) of Commission Implementing Regulation (EU) 2018/659. Specify the identification system (such as ear tag, tattoo, brand, transponder) and the anatomic place used on the animal. The number of the accompanying passport must be stated and the name of the competent authority which validated it.
- Age: Date of birth (dd/mm/yyyy).
- Sex (M = male, F = female, C = castrated).

Part II:

- ⁽¹⁾ Delete as appropriate.

This health certificate shall:

- be issued on the day of loading [for any equine] or on the last working day before loading [for registered equines only] of the animal for dispatch to GB;
- be drawn up in at least a language understood by the certifying officer and in English;
- be made out to a single consignee;
- be signed and stamped in a colour different to the colour of the printing;
- consist of a single sheet of paper or all sheets of paper required are part of an integrated whole and indivisible by inserting page numbers and the total number of pages, and each page shall bear the certificate reference number at the top of the page and those pages are stapled and stamped.

Official Veterinarian

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp: