



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

NO:

EXPORT OF RODENTS FROM THE UNITED KINGDOM TO ISRAEL

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

I. Number and identification of the animal(s) *

| Number | Identification/ colour | Species/Breed (scientific name) | Sex | Age |
|--------|---------------------------|------------------------------------|-----|-----|
| | | | | |

II. Origin of the animal(s) *

Name and address of breeder:

III. Destination of the animal(s) *

(a) Name and address of consignee:

(b) Means of transport:

*Delete as applicable

IV. Health Information

I, the undersigned, Official Veterinarian hereby certify that:

- (a) the animal(s)* originate from premises which are under permanent veterinary supervision;
- (b) ***EITHER**
the animal(s)* was/were* born in the establishment of origin and have stayed there since birth,

***OR**
was/were* introduced into the establishment of origin at least thirty (30) days ago;
- (c) the animal(s)* originate and come from an establishment under veterinary surveillance and in which a program for the monitoring of zoonotic diseases is in place;
- (d) no outbreaks of Rabies, Monkey Pox, Lymphocytic Choriomeningitis, Tularaemia, Leptospirosis, Hemorrhagic Fever with Renal Syndrome, Hantavirus Pulmonary Syndrome were clinically diagnosed in the establishment for the past twelve (12) months;
- (e) the animal(s)* does/do* not present any clinical signs of zoonotic diseases, in particular Rabies, Monkey Pox, Lymphocytic Choriomeningitis, Tularaemia, Leptospirosis, Hemorrhagic Fever with Renal Syndrome, and Hantavirus Pulmonary Syndrome;
- (f) on (date), being not more than 48 hours prior to the date of export, I examined the said animal(s)* and found it/them* to be free from clinical signs of infectious or contagious disease, and in my opinion fit to travel.

***Delete as applicable**

V. This certificate is valid for 10 days from the date of signature.

Stamp

Signed.....RCVS

Name in block letters:

.....
(Official Veterinarian)

Date.....

Place.....