

## DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT WELSH GOVERNMENT DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: .....

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CERTIFICATE FOR EXPORT OF WILD UNGULATES FROM THE UNITED KINGDOM TO ISRAEL

HEALTH CERTIFICATE

COUNTRY OF ORIGIN: UNITED KINGDOM

FOR SIGNATURE BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name of Species (Scientific name)	Breed	Sex	Age	Identification marks Microchip Number*
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II. Origin of the animal:

a) Name and address of premises of origin:

b) Name and Address of the exporter:

## III. Destination of the animal

- a) Name and address of consignee:
- b) Means of transportation:

## IV. Health Information

## I, the undersigned, official veterinarian, hereby certify that:

- (a) The animals described above were born and reared in
- (b) During the recent 6 months prior to shipment of the said animals
  - (i) no cases of Foot and Mouth Disease (F.M.D.) have occurred in the United Kingdom, and
  - (ii) no other diseases included in former list "A" of the O.I.E. code have occurred in a radius of 30 km of the place of origin of the said animals.
- (c) The animals have never been fed with feed containing ruminant protein.
- (d) The animals were kept in a bluetongue (BT) and epizootic haemorrhagic disease (EHD) virus free zone:
  - (i) Since birth or for at least the 60 days prior to export, and
  - (ii) Within 28 days prior to export the animals were subjected to serological ELISA or AGID tests to detect antibodies to the viruses of BT and EHD, with negative results. The animals remained in the BT and EHD virus free zone until export, OR\*
  - (iii) Within 7 days of export the animals were subjected to tests for the viruses of BT and EHD using either a virus isolation test or PCR test on blood samples, with negative results. The animals remained in the BT and EHD virus free zone until export.
- (e) The animals described above have been isolated with animals of the same species and of the same health status during at least the last 28 days in quarantine, and within this period were tested with negative results in each case or treated as follows:
  - (i) an agglutination and complement fixationC.F.) test for brucellosis (B. Abortus, melitensis and ovis).
  - (ii) a comparative tuberculin test utilizing mammalian and avian tuberculins.
  - (iii) a C.F. or ELISA test for paratuberculosis
  - (iv) a microagglutination test for leptospirosis including all serotypes prevailing in the United Kingdom, OR\* the animals were treated for leptospirosis during this period using an intramuscular injection of either oxytetracycline at a dose of 20 mg/kg or another antibiotic at a dose rate and treatment frequency known to eliminate the

carrier state (state date of treatment, dose rate and antibiotic used):

- (v) a C.F. test for Q fever
- (vi) a fluorescent antibody test for babesia types: B. divergens, B. caprioli, B.bovis and B. bigemina
- (f) The said animals were treated twice at an interval of 14 ♦ days during the quarantine period against internal and external parasites with "Ivermectin" or other compatible preparations (state date of treatment, dose rate and preparations used):
- (g) During the guarantine period the said animals did not exhibit any symptoms of infectious or contagious diseases.
- (h) The animals were visually examined by me in daylight within 24 hours of dispatch and were found healthy and free of any symptoms of infectious or contagious diseases and fit to travel.
- v. This certificate is valid for 10 days

Official Stamp	Signed
	RCVS
	Name in block letters:
	Official Veterinarian
Date	Address:
Date	Address:
	•••••••••••
*Delete as appropriate	
bereee as appropriate	