



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: .....

CERTIFICATE FOR EXPORT OF ZOO RODENTS FROM THE UNITED KINGDOM TO ISRAEL

HEALTH CERTIFICATE

COUNTRY OF ORIGIN: UNITED KINGDOM

FOR SIGNATURE BY: OFFICIAL VETERINARIAN

I. Identification of the animals

Animal species (scientific name)	Quantity	Sex	Age	Identification marks

a. Origin of the animal(s)

Name and address of consignor:

b. Place of origin of the animal(s) (if different from above)

c. Destination of the animal(s)

Name and address of consignee:

d. Nature and identification of means of transport

**II. Health Information**

I, the undersigned Official Veterinarian hereby certify that the animals(s)\* described above in Part I of this certificate:

- a. has/have\* been resident in the country of origin since birth or\* during the last 6 months prior to dispatch under veterinary supervision;
- b. was/were\* isolated from all other animals not of the same health and residency status for 30 days prior to the scheduled date of dispatch, and the animal(s)\* and all in contact animals were free from clinical signs or symptoms of infectious and contagious diseases during this period;
- c. was/were\* vaccinated against rabies on \_\_\_\_\_ (date of vaccination);
- d. was/were\* treated twice at an interval of 14 days against endo - and ectoparasites, using the following compound according to the manufacturer's recommendations:
  - (i) Endoparasite treatment(s):  
Dose rate: \_\_\_\_\_ Date of 1<sup>st</sup> treatment \_\_\_\_\_  
Dose rate: \_\_\_\_\_ Date of 2<sup>nd</sup> treatment \_\_\_\_\_
  - (ii) Ectoparasite treatment(s):  
Dose rate: \_\_\_\_\_ Date of 1<sup>st</sup> treatment \_\_\_\_\_  
Dose rate: \_\_\_\_\_ Date of 2<sup>nd</sup> treatment \_\_\_\_\_
- e. within 48 hours prior to dispatch the animal(s)\* was/were examined by a veterinarian and were found healthy and free from any symptoms of infectious or contagious diseases, and fit for travel;
- f. the animal(s)\*was/were\* caged and dispatched conforming to I.A.T.A. regulations.

\* Delete the inappropriate

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

OFFICIAL VETERINARIAN Stamp

Signed.....RCVS

.....  
Official Veterinarian (Name in block letters)

Address.....

Date.....