

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS

•	SCOTTISH GOVER WELSH GOVERNI			
	DEPARTMENT OF AGRICULTURE AND RURAL	DEVELOPMENT NORT	HERN IRELAND	
		NO:		
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EXPOR	RT OF ZOO HIPPOPOTAMI FROM THE UNITED	KINGDOM TO THE F	EPUBLIC OF KOREA	
HEALT	TH CERTIFICATE			
EXPOR	RTING COUNTRY: UNITED KINGDOM (GREAT	BRITAIN)		
FOR (COMPLETION BY: OFFICIAL VETERINARIAN	1		
I.	Number and identification of the ani	mal(s)*		
	Identification Breed	Sex	Age	
II.	Origin of the animal(s)*	$\mathbf{O}_{\mathbf{A}}$		
(a)	Name and address of exporter:	\sim		
(b)	Name and address of premises of orig	in:		
III.	Destination of the animal(s)*		YX	
(a)	Name and address of consignee:			
(b)	Address of premises of destination:			1
(c)	Means of transportation:			

III. Destination of the animal(s)*

- (a) Name and address of consignee:
- (b) Address of premises of destination:

(C) Means of transportation:

(including shipment date, departure airport, flight no. of aircraft)

IV. Health Information

I, the undersigned Official Veterinarian, certify that the animals described above meet the following requirements:

- (a) The United Kingdom has been free from foot and mouth disease without vaccination in accordance with the World Organisation for Animal Health (OIE) Terrestrial Animal Health Code during the past 12 months prior to loading. Vaccination against foot and mouth disease is not permitted in the United Kingdom;
- (b) No outbreak of the following diseases has occurred in the United Kingdom during the periods shown:

Classical swine fever, vesicular stomatitis and swine vesicular disease - during the past 24 months prior to shipment; Rinderpest and African swine fever - during the past 3 years prior to shipment.

Vaccination against these diseases is not permitted in the United Kingdom;

(c) The animals described above were born and raised in the United Kingdom;

(d) On (date), being within 24 hours of loading, I examined the animals at the approved zoo and found them to be healthy and free from clinical signs of infectious or contagious disease;

* Delete as applicable

(ii)

Stamp	SignedRCVS
	Official Veterinarian (Name in block letters)
	Address
Date	
	e-mail: