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SUPPORT HEALTH CERTIF APPROVED COUNTRY <sup>1</sup> PRIC	OR TO EXPORT TO AUS	STRALIA	ED KINGDOM INT	O AN
FOR COMPLETION BY:	OFFICIAL VETERI	NARIAN		
Name	Breed	Age	Colour	Sex
II. Origin of the a	nimal	1		
a) Name and addre	ss of exporter:			
a) Name and addre	ss of exporter:			
a) Name and addre	ss of exporter:			
a) Name and addre b) Address of pres		imal was examin	ed	
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	mises where the an	imal was examin	C	
b) Address of pre	mises where the an	imal was awamin	C	
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b) Address of pre	mises where the an	imal was examin	ed	

b) Means of transportation:

## IV. Health Certification

I, the undersigned, an Official Veterinarian authorised by the Department, certify that the animal described at paragraph I above meets the following requirements:

 A written declaration has been received from the owner\*/exporter\* stating that the said horse has been continuously resident in the United Kingdom from (date) to (date);

In the United Kingdom:

no clinical, epidemiological or other evidence of glanders occurred during the previous three years, and the disease is compulsorily notifiable;

- i. no clinical, epidemiological or other evidence of African horse sickness, dourine, Venezuelan equine encephalomyelitis and Vesicular stomatitis occurred during the previous two years and the diseases are compulsorily notifiable;
- iii. no clinical, epidemiological or other evidence of Eastern or Western equine encephalomyelitis occurred during the previous two years;
- iv. no clinical, epidemiological or other evidence of Japanese encephalitis, schew-worm-fly (Cochliomyia hominivorax or Chrysomya bezziana) mylasis or surra occurred during the previous 12 months;
- c) After due enquiry, and as far as can be determined, the said horse did not reside on any premises in the United Kingdom where:
  - i. clinical, epidemiological or other evidence of rabies occurred during the previous 12 months;
  - ii. clinical evidence of Borna disease occurred during the previous
    90 days;
  - iii. clinical, epidemiological or other evidence of contagious equine metritis, epizootic lymphangitis, equine infectious anaemia, equine piroplasmosis or Lyme disease occurred during the previous 60 days;
  - iv. clinical, epidemiological or other evidence of anthrax, equid herpesvirus-1 (abortigenic and neurological strains), equine influenza or equine viral arteritis occurred during the previous 30 days;
- d) \*For all horses, excluding donkeys and mules, and excluding geldins and unweaned foals under six months of age, after due enquiry, and far as can be determined, the said horse was never mated to, or inseminated with semen from, a horse that was, at the time of matin or semen collection, known to be infected with Taylorella equigenitalis;

Note: if a horse does not meet this requirement, or was known to be infected with *T. equigenitalis*, it may be permitted entry subject to an approved method of treatment and testing considered appropriate by the Director of Quarantine (or delegate);

e)	After due inquiry, and as far as can be determined, while in the United Kingdom, the said horse was not:
	i. treated with imidocarb, or other anti-babesial agents active against <i>Babesia caballi</i> or <i>Theilaria equi</i> , during the previous 12 months;
L'S	ii. positive in any test for equine piroplasmosis ( <i>B. caballi</i> or <i>T. equi</i> ) for at least the previous 12 months;
E)	During the period noted in point IV.a), the said horse was:
	i free of quarantine restrictions;
* De	ii. Not vaccinated against African horse sickness or Venezuelan equine encephalomyelitis.
Date	Signed RCVS
Stam	p Name in block letters: Official Veterinarian
	ess:

<sup>1</sup> Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Japan, Italy, Luxembourg, Macau, the Netherlands, New Zealand, Portugal, Republic of Iceland, Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.