



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 HORSES TO BARBADOS

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Age	Colour	Sex

A full description using the sketch on page 4 should be completed. Whorls on head and neck should be described in the narrative and indicated by a small cross (x).

II. Origin of the animal

- a) Name and address of exporter:

- b) Address of premises where the animal was examined:

- c) Name and address of owner:

III. Destination of the animal

- a) Name and address of consignee:

- b) Means of transportation:

IV. Health Information

I, the undersigned, certify that:

- a) on _____ (date) and within 72 hours of export, I examined the said animal and found it to be free from clinical signs of infectious or contagious disease, and in my opinion fit for travel;
- b) the animal has been resident in the United Kingdom and/or one of the member countries of the European Union (EU) for the past six (6) months prior to exportation;
- c) the said animal has been kept in isolation in DEFRA approved premises under official veterinary supervision for a period of at least 30 days immediately preceding export;
- d) on _____ (date), being within 14 days of export but not less than 14 days after commencement of isolation, a blood sample was taken from the said animal and sent to the Veterinary Laboratories Agency laboratory, Weybridge, where it was submitted to the immunodiffusion (Coggins) test for **equine infectious anaemia** with a negative result;
- e) the said animal showed no clinical signs of **equine viral arteritis (EVA)** on the day of export and during the 30 days prior to export;
- f) * **IN THE CASE OF AN UNCASTRATED MALE FOR PERMANENT IMPORT ONLY**
EITHER
(i) * on _____ (date) and on _____ (date) being at least 14 days apart and while in isolation, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge, where they were subjected to the serum neutralization test for **EVA** with a negative result in each case (negative at a dilution of 1:4)* or showed a stable or declining titre*;
OR
(ii) * the said animal was subjected between 6 and 12 months of age to the above serological test for EVA with negative results, immediately vaccinated for EVA and regularly revaccinated (original laboratory report and vaccination card must be submitted);
OR
(iii) * the said animal has been subjected to a diagnostic test for EVA with positive results;
AND EITHER
(a) * was subsequently test mated to two mares which were subjected to two serological tests as above with negative results in each case on blood samples collected at the time of test mating and again 28 days after mating;
OR
(b) * was subjected to a virus isolation test with negative results, carried out on semen collected during the 28 days prior to shipment;
- g) * **IN THE CASE OF UNCASTRATED MALES IMPORTED ON A TEMPORARY BASIS OTHER THAN FOR BREEDING, AND IN THE CASE OF ALL OTHER EQUINES**
EITHER
(i) * on _____ (date) and on _____ (date) being at least 14 days apart and both dates not more than 28 days prior to export, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge, where they were subjected to the serum neutralization test for **EVA** with a negative result in each case (negative at a dilution of 1:4)* or showed a stable or declining titre*;
OR
(ii) * the said animal was subjected between 6 and 12 months of age to the above serological test for EVA with negative results, immediately vaccinated for EVA and regularly revaccinated (original laboratory report and vaccination card must be submitted);
- h) * **IN THE CASE OF ENTIRE MALES AND FEMALES ONLY**
(a) the animal showed no clinical signs of **Contagious Equine Metritis (CEM)** on day of shipment and has had no contact with CEM either directly, through coitus with an infected animal, or indirectly by being resident on or by passing through an infected establishment and as far as can be ascertained, the CEM causing organism *Taylorella equigenitalis* has never been isolated from the animal;
AND
(b) on _____ (date), being within 14 days of export, but not less than 14 days after commencement of isolation, a swab was taken from the said animal and sent to a Veterinary Laboratories Agency laboratory, where it was submitted to a bacteriological test for contagious equine metritis (CEM) with a negative result;
NB. Cultures must be incubated for 7 days prior to reading;

j)* **IN THE CASE OF BREEDING MARES**
as far as can be ascertained, the said mare has never been covered by a stallion that is known to have been infected with **CEM** (*Tayorella equigenitalis*) and the organism has never been isolated from this mare;

k)* **IN THE CASE OF BREEDING STALLIONS**
as far as can be ascertained, the said stallion has never had a positive swab for **CEM** (*Tayorella equigenitalis*);

l)* **IN THE CASE OF EITHER BREEDING MARES OR BREEDING STALLIONS**
as far as can be ascertained the animal has had no contact with **CEM** (*Taylorella equigenitalis*) either by being resident on or passing through an infected establishment;

m) **IN THE CASE OF ALL HORSES**
on (date) being not less than 14 days and not more than 60 days prior to export, the said animal received the last dose of a primary course of vaccination consisting of 2 doses at least 28 days apart of inactivated vaccine against **equine influenza** (A1 and A2) or received a booster vaccination within 6 months of the last certified vaccination;

n) on (date) being not less than 14 days and not more than 60 days prior to export, the said animal received the last dose of a primary course of vaccination consisting of 2 doses at least 28 days apart of inactivated vaccine against **equine rhinopneumonitis** (virus abortion) or received a booster vaccination within 6 months of the last certified vaccination;

o) as far as can be ascertained, and after due enquiry, the said horse has not suffered from nor been on premises where the **following diseases** have occurred during the past 3 months:

dourine (mal du coit), trypanosomiasis (mal de caderas), glanders (farcy), epizootic lymphangitis, equine influenza, equine rhinopneumonitis, equine viral arteritis, equine infectious anaemia, equine encephalomyelitis, anthrax, contagious equine metritis, ulcerative lymphangitis, mange, strangles or any other diseases of equines statutorily notifiable in the country of origin;

p) as far as can be ascertained, and after due enquiry, the said horse has not, during the past 6 months, been in any country in which:

i) **African horse sickness** has occurred in the past 2 years or in which vaccination against African horse sickness has been practiced for the past 2 years;

ii) **Venezuelan equine encephalomyelitis** has occurred during the past 2 years;

q) The United Kingdom is free from **foot-and-mouth disease**;

r) the animal has been examined and been found to be free from ectoparasites

* delete as appropriate

V. **This certificate is valid for 10 days from the date of signature by the Official Veterinarian.**

Off. Vet. Stamp

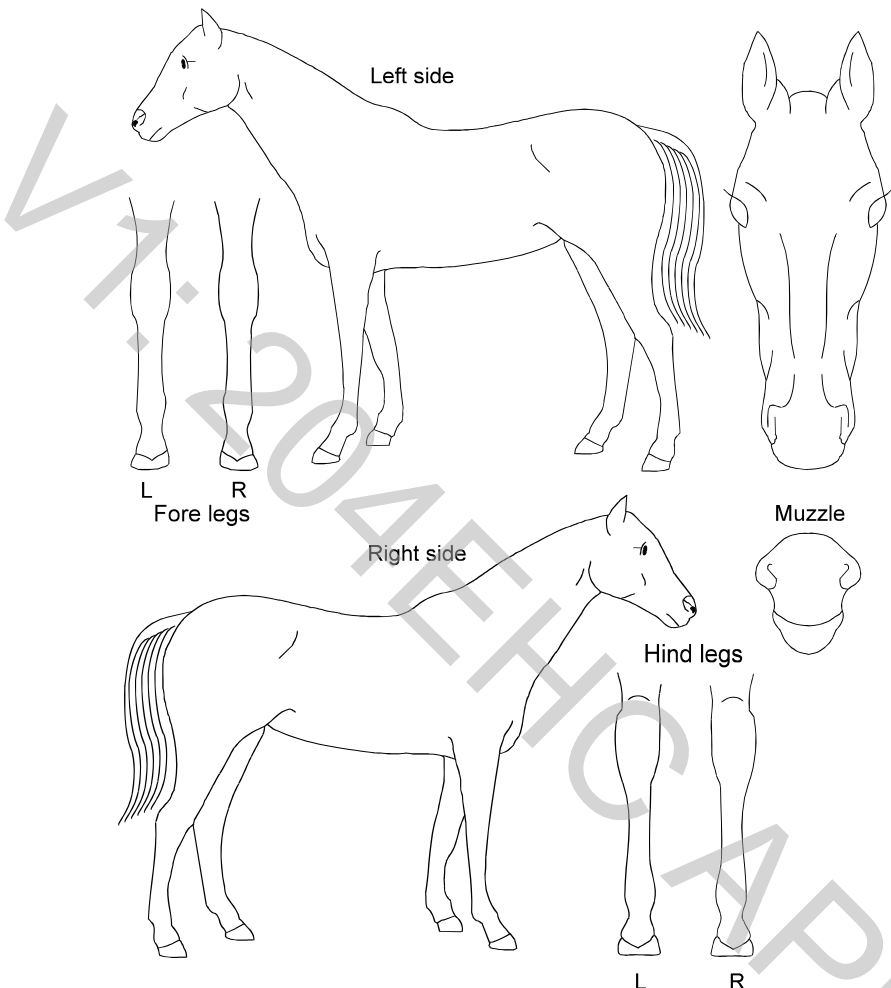
Signed.....RCVS

Name in block

letters:

Official Veterinarian

Date



INSTRUCTIONS

EITHER complete silhouette and description OR enter number of passport/identification certificate

- White markings to be shown in red.
- Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (→).
- Whorls should be marked with a cross (X).
- Stars or blazes on the face and any other marking to be drawn in on the diagrams showing position and shape as accurately as possible.
- Please ensure that the diagram and the written description agree.
- If no markings, this fact should be stated.

Off. Vet Stamp
Date

Name	Breed	Colour	Age	Sex
Head/Neck				
Limbs LF				
RF				
LH				
RH				
Body				
Acquired marks (scars, tattoos etc)				

The horse certified on this health certificate is as described in horse passport/identification certificate number:.....

Signature:.....RCVS Official Veterinarian

.....NAME IN BLOCK CAPITALS