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•	ORT OF EQUINES TO THE ARAB R	PEDILET TO OF FOU	DT	No:	
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		TED KINGDOM			
FOR	COMPLETION BY: OFF:	ICIAL VETERINA	RIAN		
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II. a) b) c)	should be described Origin of the animal Name and address of export Address of premises where Name and address of owner: Destination of the animal	in the marrative	and indicated by	a small cross (x	

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IV. Health information

I, the undersigned, certify that the animal described above meets the following requirements:

a written declaration has been received from the owner of the said animal stating that it has been kept on the premises of origin for the past 3 months and that the premises of origin is under regular veterinary supervision;

on (date), and within 96 hours of export, I examined the said animal and found it to be healthy and free from clinical signs or symptoms of infectious or contagious disease including glanders, African horse sickness, equine encephalomyelitis, strangles, epizootic lymphangitis equine infectious anaemia, equine viral rhinopneumonitis and equine influenza:

- c) In so far as can be determined, and after due enquiry, there has been no clinical or other evidence of equine infectious anaemia, strangles, epicotic lymphangitis, equine influenza, equine viral rhinopneumonitis, contagious equine metritis or autochthonous piroplasmosis at the premises of origin during the past 6 months;
- d) no outbreak of African horse sickness or equine viral encephalomyelitis has occurred in the United Kingdom during the past 2 years and no outbreak of glanders has occurred during the past 6 months;
- e) on (date), and within 15 days of export, a blood sample was taken from the said animal and sent to the Veterinary Laboratories Agency, Veterinary Laboratories Agency, Weybridge where it was submitted to the following tests with negative results in each case:
 - (i) the complement fixation test for glanders with negative results; (negative at a dilution of 1:5);
 - (ii) the immunodiffusion (Coggins) test for equine infectious anaemia;
 - (iii) a microscopical examination for blood parasites;
- f) *In the case of stallions over two years of age

On (date), (date) and (date) being at intervals of 5 to 7 days and within 36 days of export, swabs were taken from the penile sheath, urethra and urethral fossa and sent to a government laboratory where they were submitted to a bacteriological test for contagious equine metritis with negative results in each case;

* delete if not applicable

g) on (date), being at least 21 days and not more than months prior to export the said animal was vaccinated against equine influenza using a licensed vaccine in accordance with manufacturers instructions, this vaccination being either a booster vaccination or the second dose of a primary vaccination course;

h) * In the case of mares over two years of age

on (date), being at least 21 days and not more than months prior to export the said animal was vaccinated against equine rhinopneumonitis using a licensed vaccine in accordance with manufacturers instructions;

j) on (date), being within 30 days of export the said animal was treated with the following medicinal preparation effective against endoparasites (name of preparation and active ingredient).

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* delete if not applicable

V. This certificate is valid for 10 days.

Stamp Signed RCVS Name in BLOCK letters: Official Veterinarian Address

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Left side		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
L R Fore legs	Muzzle	 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.
	Hind legs	OFFICIAL VETERINARIAN Stamp
Name Breed	L R Colour	Age Sex
Head/Neck		
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Head/Neck Limbs LF RF LH		C
Limbs LF RF		
Limbs LF RF LH RH	etc)	

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