

**ADDITIONAL CERTIFICATION FOR MOVEMENT INFORMATION OF THE HORSE DURING THE 60 DAYS
PRIOR TO EXPORT TO HONG KONG**

Certificate No:

Horse Name _____ FEI Passport Number _____

I, an official veterinarian, authorized by the competent veterinary authority* to certify horses for export, hereby declare that:

- (a) During the stay in the corresponding country/place below and after due enquiry,
- (i) the horse had been held in premises which have remained free from evidence of infectious or contagious disease including, but not limited to, those diseases listed in SECTION V e) of the attached certificate 7546EHC;
- (ii) the horse had only stayed in stable that was emptied, thoroughly cleansed and disinfected prior to the entry of the horse; and
- (iii) The horse had only come into contact with horses of the exact/same tested and certified health status other than when competing in official FEI equestrian events.

*** The certificate must be signed by an Official Ministry Veterinarian.**

1	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

2	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

3	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

4	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

5	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

6	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

7	Country ^(2,11) :	Entry date:	Exit date:	Official Stamp:
Address of residency:				
Purpose of residency :				
Signature:		Date:		
Name of Official Veterinarian*:		Post:		

N.B. All pages must be endorsed with the certifying official veterinarian's initials and official stamp using a different colour ink to the paper and print. (Version: HKM Dec2012)

V1: 7546SUP APPLICATION