



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT - RURAL DIRECTORATE
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS
DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN IRELAND

No:

EXPORT OF HORSES TO ISRAEL

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Age	Colour	Sex	Microchip number

A full description using the sketch on page 4 must 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, Official Veterinarian hereby certify that the animal described above meets the following requirements:

- (a) On _____ (date), (in daylight, within 24 hours of export) I examined the animal described above and found it to be healthy and free from clinical signs or symptoms of infectious or contagious diseases.
- (b) To the best of my knowledge, during the period of 15 days prior to the date of dispatch the animal has not been in contact with equidae infected or suspected of an infectious or contagious disease.
- (c) The following diseases are compulsory notifiable in the United Kingdom: African horse sickness, dourine (*Trypanosoma equiperdum*), glanders (*Burkholderia mallei*), equine encephalomyelitis (of all types including Venezuelan equine encephalomyelitis), equine infectious anaemia, vesicular stomatitis rabies and anthrax.
- (d) During the last 24 months immediately preceding the present exportation no case of African Horse Sickness, Venezuelan equine encephalomyelitis and Glanders has occurred in the country.
- (e) the horse does not come from a holding, which were subject to prohibitions: in the case of rabies for 30 days, or in the case of anthrax for 15 days, following the last case and the date of completion of the cleansing and disinfection of the premises.
- (f) Insofar as can be determined, the said animal has not been on any premises where the following diseases have occurred prior to the shipment: Equine infectious anaemia (EIA) (3 months), Dourine (6 months), Equine Encephalomyelitis (3 months), Venezuelan Equine Encephalomyelitis (have not been on any premises in the last 6 months where disease has occurred in the last 2 years), Contagious Equine Metritis (2 months), Equine Rhinopneumonitis (EHV-1) (21 days).
- (g) The horse has been kept in pre-export isolation for 30 days under veterinary supervision without coming into contact with equidae not of equivalent health status, and protected from insect vectors, and either has been in the country for at least 30 days immediately preceding exportation, or is accompanied by an official health certificate issued by a government veterinary officer of each country in which the horse has been in during the 30 days immediately preceding shipment to Israel (insert name of country).
- (h) The horse was vaccinated against equine influenza between 21 and 90 days before shipment either with a primary course or a booster (the horse should be vaccinated within the periods of 90 days before shipment with booster vaccine) or is less than 6 months of age.
- (i) The animal has not been vaccinated with a live, attenuated or inactivated vaccine during the 14 days preceding exportation.
- (j) On _____ (date), within 30 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by the State Veterinary Services, where it was submitted to the immunodiffusion test for EIA (Coggins test) with negative results.
- (k) On _____ (date), within 15 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by the State Veterinary Services, where it was submitted to the complement fixation test for Dourine with negative results.
- (l) On _____ (date), within 30 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by the State Veterinary Services, where it was submitted to a complement fixation or Enzyme Linked Immunoassay (ELISA) test for

African Horse Sickness with negative results or the said horse remained in the country of origin since its birth*.

- (m) On (date), within 30 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by the State Veterinary Services, where it was submitted to a PCR test for equine piroplasmosis with negative results.
- (n) The animal described above originates from a stable where no case of Contagious Equine Metritis (C.E.M) occurred or was reported during the last 2 months.
- (o) On (date), within 21 days prior to embarkation, the animal was tested on a sample of blood taken from the animals described above and sent to a laboratory approved by the State Veterinary Services, where it was submitted to virus neutralization test for EVA, with either negative result at a dilution of 1 in 4 or,
- for stallions, not earlier than 7 days of commencing isolation were subjected to a test for EVA on a blood sample with negative results, and were then immediately vaccinated; and were kept separated from other equidae for 21 days following vaccination; and were revaccinated regularly according to the manufacturer's instructions. (Attached the blood test result) or,
- for mares and geldings, were kept in an establishment where no animals have shown any signs of EVA for the 28 days prior to shipment; and were subjected to a test for EVA, carried out on blood samples collected on two occasions at least 14 days apart within 30 days prior to shipment, which demonstrated stable or declining antibody titres; or were regularly vaccinated according to the manufacturer's instructions. (attached blood test results).
- (p) On (date), within 30 days prior to embarkation, the animal described above was tested by the Mallein test or a complement fixation test for Glanders with negative results.
- (q) For mares, and fillies over 2 years of age:
Swabbings were collected on two different occasions on the following dates:
1 , 2 At intervals of not less than 7 days, (the last swabbing was taken within 30 days of the date of exportation). One set of these swabbings was collected at the time of oestrus. All swabbings were cultured and found negative for C.E.M. in a laboratory approved by the national Veterinary Service.

(r) For stallions, and colts over 2 years of age:

(1) Two separate sets of swabs: (penile sheath, urethra penis incl. fossa glandis, urethral fossa incl. urethral sinus and pre-ejaculatory fluid), were collected from the stallion on the following dates: 1 , 2 , at intervals of not less than 7 days between the collection of each set and were cultured and found negative for C.E.M. in a laboratory approved by the National Veterinary Service.

(2) The last of the two sets of specimens was collected within 30 days of the date of export.

(3) The stallion has not been used for natural breeding or artificial insemination from the time sampling began until the date of export.

(s) A declaration has been received from the exporter stating that the said animal will be transported directly from the premises to the port of shipment in vehicles cleansed and disinfected with an approved disinfectant and without contact with other animals apart from those similarly certificated.

V. This certificate is valid for 48 hours.

* delete as appropriate

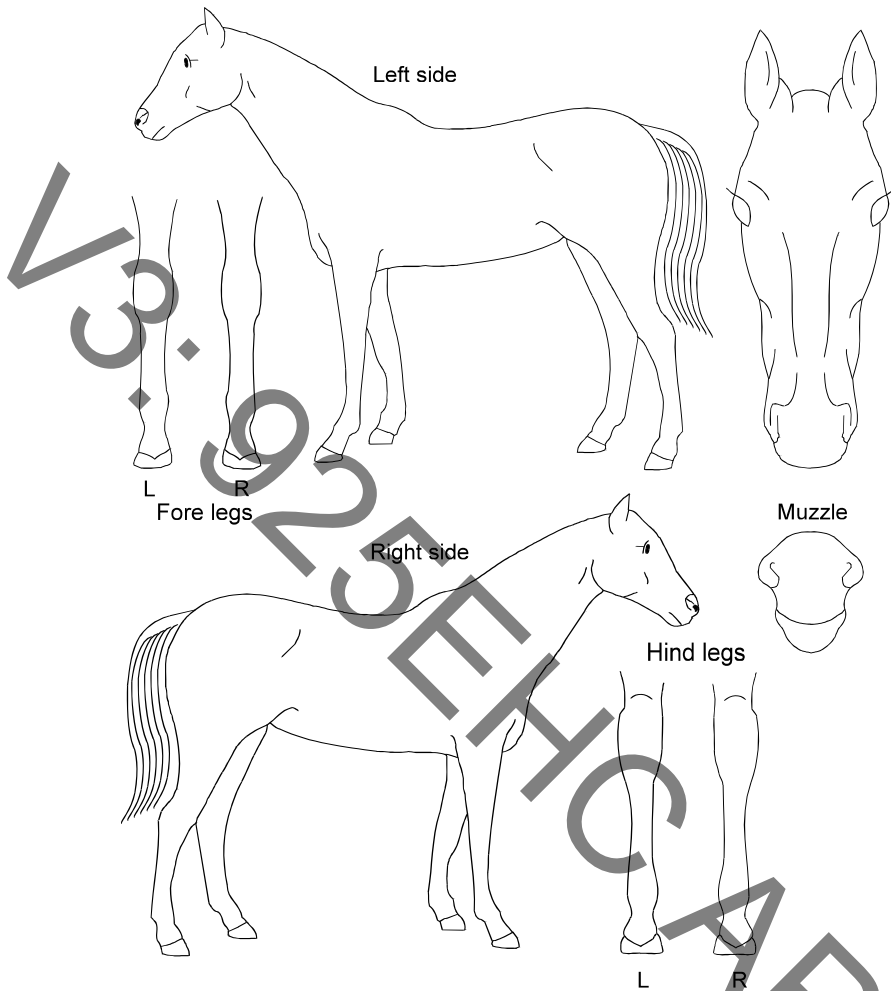
Stamp

Signed
RCVS

Name in block
letters.....
Official Veterinarian

Date.....

Address.....
.....
.....



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.

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 CAPITALS