



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No:.....

EXPORT OF LABORATORY FERRETS TO SINGAPORE

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

I. Identification of the animal(s)

Total number of animals:

Marking/ Identification Microchip	Type/ Species	Breed	Sex	Age	Colour

\*continued on attached schedule 8016SCH

II. Origin of the animal(s)

(a) Name and address of consignor:

(b) Name and address of breeding facility of origin:

(c) Name and address of importer:

(d) Import permit number:

(e) Intended date of export:

(f) Flight Number:

**III. Health information**

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

- (a) The animal(s) were born and bred in a breeding facility approved by AVA for the import of such animal(s) into Singapore and have been continuously resident since birth in the facility;
- (b) No case of Nipah disease, leptospirosis, tuberculosis, tularaemia, botulism, canine distemper, or any disease notifiable in the United Kingdom has occurred in the facility for the last twelve (12) months prior to export;
- (c) i. \*The United Kingdom has been free from rabies for the last two (2) years;  
OR  
ii. \*The animal(s) have a valid vaccination against rabies using an inactivated vaccine or recombinant vaccine acceptable to AVA at least six (6) months prior to export. This refers to a valid primary vaccination and/or up to date booster(s) according to the vaccine manufacturer's recommendation. In the case of a primary vaccination, the vaccine was administered when the animal(s) were at least three (3) months old;  
AND  
iii. \*The animal(s) had a blood sample taken and tested for acceptable rabies antibody levels (of at least 0.5IU/ml) at least one (1) month after the above vaccination and within six (6) months prior to export;
- (c) The animal(s) have not been inoculated with any micro-organisms nor been in contact with animal(s) which have been inoculated with any micro-organisms;
- (d) The animal(s) have been treated for internal and external parasites using effective medication, such as pyrantel, praziquantel, fenbendazole, ivermectin, fipronil and/or permethrins;

	Date(s) of treatment	Active ingredient	Dose rate used
Internal Parasite Treatment			
External Parasite Treatment			

- (e) The animal(s) have been examined on \_\_\_\_\_ (date) and found to be healthy and free from any clinical signs of infectious or contagious disease and external parasites.

\* delete as applicable

**IV. This certificate is valid for 7 days.**

**OV Stamp**

**Signed** .....RCVS

**Name in block letters** .....

**Official Veterinarian**

**Date** .....

**Address**

.....  
 .....  
 .....