



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

No:

EXPORT OF BATS FROM THE UNITED KINGDOM TO THE REPUBLIC OF SOUTH AFRICA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals (attach schedule if necessary)

Microchip Number	Microchip location	Species/Breed	Sex	Age

II. Origin of the animal(s)*

- a) Name and address of exporter:

- b) Address of premises of origin:

III. Destination of the animal(s)*

- a) Name and address of consignee:

- b) Address of premises of destination:

- c) Import permit no

- d) Means of transport (flight or vessel name):

IV. Health Information

I, the undersigned, certify that:

- a) on _____ (date), being not more than 48 hours prior to the proposed date of export, the animal(s)* was/were* examined and found to be free from clinical signs of infectious or contagious disease to which the species is susceptible, and in my opinion is/are* fit to travel;

- b) the animal(s)* is/are* individually identified by means of a microchip, and the microchip numbers are listed at Paragraph I.;

- c) the animal(s)* is/are* of 3rd generation and is/are* captive borne;

- d) on _____ (date), being not less than 30 days and not more than 12 months prior to export the animal(s)* was/were* vaccinated against rabies;

- e) **EITHER***
Nipah virus has not been diagnosed in the United Kingdom,

OR*
the animal(s)* was/were* serologically tested for Nipah virus with negative results, within 10 days of export;

f) on _____ (date), being within 48 hours prior to the proposed date of export, the animal(s)* was/were* treated using the following medicinal product:

(Name and active ingredient)
effective against external parasites, and is/are* visibly free from external parasites;

g) on _____ (date), being within 30 days prior to the proposed date of export, the animal(s)* was/were* treated for internal parasites;

h) the animal(s)* will be imported for the purpose of zoological display only.

* delete as appropriate

V. This certificate is valid for 7 days.

Stamp

Signed RCVS

.....
(Name in block letters)

Official Veterinarian

Address

Date:.....

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