



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 MEERKATS FROM THE UNITED KINGDOM TO SRI LANKA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals

Identification (e.g. ear mark or microchip number)	Species/Breed	Sex	Age

II. Origin of the animals

(a) Name and address of exporter:

(b) Address of premises of origin where the animals were examined:

III. Destination of the animals

(a) Name and address of consignee:

(b) Means of transport:

IV. Health Information

I, the undersigned, being an Official Veterinarian, hereby certify that:

- (a) a written declaration has been received from the owner*/exporter* stating that the animals have either been born in a United Kingdom zoo or have been kept there since birth;
- (b) the animals have come from a zoo which is under permanent veterinary supervision, and where a suitable health monitoring programme is followed;
- (c) on _____ (date), being within 24 hours of export, I examined the animals and found them to be free from clinical signs of infectious or contagious disease, and in my opinion fit to travel;
- (d) no case of rabies other than those due to European Bat Lyssavirus (EBL 1 or 2) has occurred in the United Kingdom during the past 2 years;
- (e) on _____ (date), being within 7 days of export, the animals have been treated for internal parasites with a broad spectrum anthelmintic as follows:

Name of product

Active ingredient

- (f) on _____ (date), being within 7 days of export, the animals were treated for external parasites using a reliable parasiticide as follows:

Name of preparation

Active ingredient

V. This certificate is valid for 10 (ten) days from the date of signature.

***Delete as applicable**

**OFFICIAL VETERINARIAN
Stamp**

Signed.....RCVS

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(Name in block letters)

Official Veterinarian

Address.....

Date

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