



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES

No:

EXPORT OF RHINOCEROS FROM GREAT BRITAIN TO TANZANIA

HEALTH CERTIFICATE

EXPORTING COUNTRY : UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY : OFFICIAL VETERINARIAN

I. Number and identification of the animal(s) *

Number	Identification Alphanumeric code	Identification method and location	Sex	Age

Veterinary Import Permit no:

II. Origin of the animal(s)

(a) Name and address of exporter:

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

III. Destination of the animal(s)

- (a) Name and address of consignee:
- (b) Means of transport:
(aircraft flight number/vessel name)
- (c) Name and address of final destination:

IV. Health Information

I, the undersigned Official Veterinarian, hereby certify that the animals(s) described in section I above meet the following conditions::

- (a) I have today examined the animal(s) and found no sign of infectious or contagious disease, and in my opinion it/they* are fit for the intended journey
- (b) there have been no outbreaks of any epizootic **diseases on OIE list A** to which these animals are susceptible within a 50 km radius of the premises of origin at Section II (b) above within the 6 months prior to export;
- (c) EITHER (i)* on (date), being within 30 days prior to export, a blood sample was taken from each of the animals for export and forwarded to a laboratory of the Veterinary Laboratories Agency (VLA) where it/they were tested for **Brucellosis** with negative results in each case;
- OR (ii)* I have received a written authorisation from an official of the Ministry of Livestock Development, Tanzania, waiving the requirement for a brucellosis test, and a copy of that authorisation is attached to this certificate;
- (d) on (date), being within 30 days prior to export, the animal(s) were treated for **internal parasites** as follows:

Name of product

Active ingredient

Dose rate

(e) on _____ (date), being within 30 days prior to export,
the animal(s) were treated for **external parasites** as follows:

Name of product

Active ingredient

Dose rate

♦(f) I have checked the identification details given in paragraph I above
and confirm that they are correct.

***Delete as applicable**

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

Stamp

Signed:..... RCVS

Name in
block letters:.....
Official Veterinarian

Date

Address:.....

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