



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

No:

EXPORT OF DOMESTIC CATS AND WILD CATS INCLUDING LEOPARDS AND CHEETAH FROM GREAT BRITAIN TO THE UNITED ARAB EMIRATES

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals

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

CITIES export permit number:

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 in the United Arab Emirates:

(b) Means of transportation:

IV. Health Information

I, the undersigned, certify that the animals described above meet the following requirements:

- a) the animal is over four months of age;
- b) on _____ (date), being within 24 hours of export, I examined the animal(s) and found them to be healthy and free from clinical signs of infectious or contagious disease and fit to travel;

- c) in so far as can be determined and based on a written declaration from the owner/exporter, the animal(s) have not been outside Great Britain during the past 3 years;

- d) the animal(s) has/have* been vaccinated against rabies using a licensed product, the details of vaccination being as follows:

Date of vaccination/re-vaccination:

Name of vaccine:

Type of vaccine:

Manufacturer:

Batch number:

- e) the animal(s) has/have* been vaccinated against feline panleucopenia using a licensed product, the details of vaccination being as follows:

Date of vaccination/re-vaccination:

Name of vaccine:

Type of vaccine:

Manufacturer:

Batch number:

- f) the animal(s) has/have* been vaccinated against feline rhinotracheitis using a licensed product, the details of vaccination being as follows:

Date of vaccination/re-vaccination:

Name of vaccine:

Type of vaccine:

Manufacturer:

Batch number:

g) the animal(s) has/have* been vaccinated against feline calicivirus using a licensed product, the details of vaccination being as follows:

Date of vaccination/re-vaccination:

Name of vaccine:

Type of vaccine:

Manufacturer:

Batch number:

h) on _____ (date), being within 7 days of export, the animal(s) has/have* been treated for internal parasites with a broad spectrum anthelmintic as follows:

Name of product

Active ingredient

i) on _____ (date), being within 48 hours of export, the animals was/were* treated for external parasites with the following medicinal preparation and are visibly free from external parasites;

Name of preparation

Active ingredient

* delete as applicable

V. This certificate is valid for 15 days.

Stamp

Signed RCVS

Name in block letters

Official Veterinarian

Date

Address

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