



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

No: .....

EXPORT OF RAMS OVER 9 MONTHS OF AGE OF CERTAIN SPECIFIED BREEDS TO THE ISLE OF MAN

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. NUMBER AND IDENTIFICATION OF THE ANIMALS

Species	Official ear mark	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) Country of destination:

(b) Name and address of consignee:

(c) Means of transportation:

**IV. HEALTH INFORMATION**

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

- (a) on \_\_\_\_\_ being within 24 hours of loading, I examined the animal(s) and found it/them to be free from clinical signs of infectious or contagious disease, including ectoparasites, and fit to travel;
- (b) I have received a written declaration from the owner/exporter stating that the said animal(s) are of the following breeds:  
  
Scottish Blackface, Cheviot, Swaledale, Teeswater, Blue-faced Leicester or Derbyshire Gritstone;
- (c) in so far as can be determined and in accordance with a written declaration by the owner/exporter, the said animals are over 9 months of age;
- (d) I have seen a copy of the notice of post import isolation approval issued by the Department of Agriculture, Fisheries and Forestry, Isle of Man;
- (e) a written declaration has been received from the owner/ transporter stating that the said animals will be transported direct from the premises where they were examined to the place of embarkation in vehicles cleansed and disinfected with an officially approved disinfectant and without coming into contact with animals not similarly certified;

\* delete as appropriate

**V. This certificate is valid for 15 days.**

Stamp:

Signed:.....RCVS

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

Date: .....

Address:.....  
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