

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

No:

EXPORT OF REGISTERED HORSES TO MACAU

PASSPORT No:

HEALTH CERTIFICATE

PERMIT No:

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

#### Identification of the animal

Mame	Breed	Age	Colour	Sex
		_		

A full description using the sketch on page 4 must be completed, in addition to the passport details.

#### II. Origin of the animal

- a) Place of origin:
- b) Owners name and address
- c) Address of isolation
   premises :

### III. Destination of the animal

- a) Place and address of destination:
- b) Name and address of consignee:
- c) Means of transportation:
- d) Identification of transport company and specific means of transport:

#### IV. Health certification

I, the undersigned, hereby certify that:

- a) on (date), being within 24 hours of export, I examined the animal described at paragraph I above and found it free from clinical signs of infectious or contagious disease including external parasites, and in my opinion fit to travel;
- b) as far as can be determined, and in accordance with a written declaration of the owner\*/agent of the owner\*:
  - EITHER\* (i) the said horse has been continuously resident in Great Britain during the
     past 3 months or since birth;

OR\* (ii) the said horse has been continuously resident in Great Britain and the
following countries during the past 3 months;

(country)	(date of entry)	(date of exit)
(country)	(date of entry)	(date of exit)
(country)	(date of entry)	(date of exit)

and copies of health certification for re-entry into Great Britain are attached; N.B. Countries other than Great Britain must be European Union Member States, Australia, New Zealand, USA, Canada, Hong Kong, Japan, Singapore, Malaysia (peninsular), Argentina or the United Arab Emirates;

- the said animal has been continuously isolated from all other horses not similarly certified in DEFRA approved and supervised isolation premises for at least 21 days immediately prior to export;
- d) a written declaration has been received from the owner\*/agent of the owner\* stating that he aid animal has not been vaccinated during the 2 weeks immediately prior to export;
- e) African horse sickness, dourine, glanders, equine encephalomyelitis (all types inc. VEE), Lepanse i encephalitis, equine infectious anaemia, vesicular stomatitis, contagious equine messis, equine viral arteritis (in stallions), rabies and anthrax are compulsorily ndiffuere in Great Britain and vaccination against African horse sickness has not been protised for the past 12 months;
- f) (i) Airican herse sickness, glanders and equine encephalomyelitis have not occurred in Great Britain during the past 2 years;
  - (ii) dour the and vedicular stomatitis have not occurred in Great Britain during the past 12 months
  - (iii) Borna disease in horses and ruminants and surra have not been recorded in Great Britain during the past 12 months;
- as far as can be determined, and in accordance with a written declaration(s) of the owner(s)\*/agent(s) of the owner(s)\* of premises used by the said animal during the past 3 months, the said animal has not been on any premises where a case of epizootic lymphangitis, equine infectious anaema, equine influenza, equine viral abortion due to abortus herpes type 1, equine viral arteritis, equine piroplasmosis, horse pox, rabies, Lyme disease, Potomac fever or any other horse notifiable disease has occurred during the past three months and vaccination against Venezuelan equine encephalomyelitis has not been practised on those premises during the past 3 months;

## h) \* Only in the case of a horse that has been in the USA or Canada within the 3 months prior to export

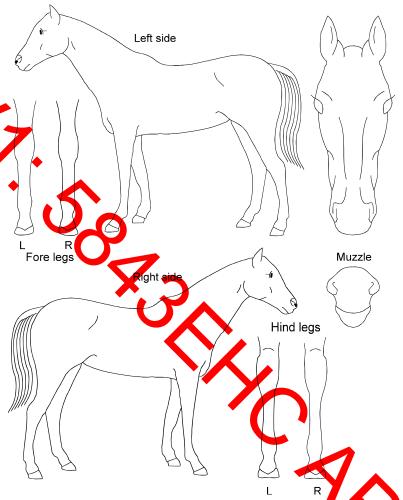
on (date), being within 21 days of export, a blood sample was taken from the said animal and sent to the Institue of Afrikal Health, Pirbright Laboratory, where it was submitted to the serum neutralisation test (SND) at a dilution of 1:12 for vesicular stomatitis with a negative result;

- j) on (date), being within 21 days of expert, a bipodesample was taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge where it was submitted to the immunodiffusion (Coggins) test for **equine infectious anaemia** with a negative result;
- con 1 (date) and 2 (date), the first date being within 21 days of export and the second date being within 10 days of export, and the interval being not less than 10 days, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge, where they were submitted to the serum neutralisation test for equine viral arteritis with either negative results at a dilution of 1:4 or showing no significant rise in titre (A significant rise in titre means a 4 fold increase or greater);
- on (date), being within 21 days of export, a blood sample was taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge, where it was submitted to either the complement fixation test (negative at a dilution of 1 in 10), or the indirect fluorescent antibody test (negative being less than 2+ at a dilution of 1 in 80) for equine piroplasmosis, with negative results;
- m) EITHER\* (i) as far as can be determined, and in accordance with a written declaration of the owner\*/agent of the owner\*, the said animal has never been covered or mated with any horses which at the time of mating was infected with Taylorella equigenitalis, and during the past two months has not been on any premises where contagious equine metritis has been confirmed in the past 2 years;
  - OR\* (ii) within 60 days prior to export, at 7-9 day intervals, swabs were taken on occasions from the said animal, in the case of males from the penile sheath, the urethra and the urethral sinus and in the case of females from the clitoral fossa and a clitoral sinus, and in the case of non-pregnant females which have reached sexual maturity, on one of these occasions during oestrus a swab was taken from the endometrium or deep cervix and the swabs were sent to a DEFRA approved laboratory, where they were submitted to a bacteriological culture test for contagious equine metritis with negative results in all cases;

Dates on which swabs were collected:

(iii) a written declaration has been received from the owner\*/agent of the owner\* and stating that the said animal has not been mated by natural service after collection of the first CEM sample at paragraph IV (m) (ii) above. the said animal was not vaccinated against equine influenza; EITHER\* (i) OR\* (ii) (date), and on (date)\* the last injection being at least 2 weeks and no more than 6 months prior to export, the said animal was vaccinated against equine influenza using a licensed inactivated vaccine according to the manufacturer's recommendations either once as a booster to a certified primary course or twice at an interval of 4 to 6 weeks; \*Only in the case of a horse that has been in the USA or Canada within the 3 months prior export the said animal was not vaccinated against Western and Eastern equine encephalomyelitis; (date), the said animal was vaccinated against Western and Eastern equine encephalomyelitis using an officially approved inactivated vaccine; TO EITHER (i) or (ii) (date) and on (date), being 14 days apart, the nd date within 10 days prior to export to Macao, blood samples were taken the said animal and submitted to the Veterinary laboratories Agency, age, where they were subjected to a haemagglutination test for Western and encephalomyelitis with negative results in each case, or without **h**e equ increase in antibody level if vaccinated at least 6 months ago; cant orse that has been in Hong Kong, Japan, Malaysia or Singapore p) \*Only in the case within the 3 months prior to expect EITHER\* (i) the said animal was not vaccinated against Japanese-B encephalitis; (dates), being at least 30 days and no (ii) ar more than 6 months prior to export, the said animal received a primary course of vaccinations against Japanese-B encephalitis using an approved inactivated vaccine in accordance with the manufacturer's recommendations; Japanese-B encephalitis has pat occurred and no vaccination has been practised in Hong Kong\*/Japan\*/Malaysia\*/Singapore\* during the past 2 years; OR\* (iii) avainst West Nile Virus; the said animal was not vaccinated EITHER\* (i) a) Nile Vi it was vaccinated against West OR\* us with an inactivated vaccine on at least two occasions at an interval of be vaccination being carried out not late between 21 to 42 days, the last an 30 days prior to dispatch on (date); (date), during the pre-export isol eriod, the said animal was r) treated with the following broad spectrum  $\mbox{anthelmintic:}$ Name of product: Active ingredient(s): (date), during the pre-export isolati he said animal was s) treated with the following broad spectrum parasiticide effective cks: Name of product: Active ingredient(s): a written declaration has been received from the owner\*/agent of the web vehicle for transportation of the horse to the port of embarkation has t) ha that the cléansed and disinfected using a DEFRA approved disinfectant prior to loading this animal and mals of the same consignment; a written declaration has been received from the owner\*/agent of the owner\* stating that the id animal u) will be transported direct from the isolation premises to the port/airport of embarkation will now to me to be transported direct from the isolation premises to the port/airport of embarkation will now to be transported direct from the isolation premises to the port/airport of embarkation will now to be transported direct from the isolation premises to the port/airport of embarkation will now to be transported direct from the isolation premises to the port/airport of embarkation will now to be transported direct from the isolation premises to the port/airport of embarkation will now to be transported direct from the isolation premises to the port/airport of embarkation will not be transported direct from the isolation premises to the port/airport of embarkation will not be transported as the premise of th into contact with animals not similarly certified, and will be transported according to IATA regular Delete as appropriate The signature and stamp must be in a colour other than black. Note: This certificate is valid for 10 days ..... RCVS Signed ...... Stamp Name in block letters: ..... OFFICIAL VETERINARIAN Date ...... Department for Environment, Food and Rural Affairs 1A Page Street,London SW1P  $4\,\mathrm{PQ}$ 

5842EHC (Regs13/09/2002)



#### INSTRUCTIONS

EITHER complete silhouette and description OR enter number of passport/ identification certificate

- White markings to be shown in red.
- Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (  $\rightarrow$  ).
- $\bullet$  Whorls should be marked with a cross  $(\boldsymbol{X})$  .
- Stars or blazes on the face and any other marking to be drawn in on the diagrams showing position and shape as accurately as possible.
- Please ensure that the diagram and the written description agree.
- If no markings, this fact should be stated.

Stamp		
Date		

Name	Breed	Colour	Age	Sex
Head/Neck			<b>)</b>	
Limbs LF				
RF			\/_	
LH			· (	
RH				
Body				<b>Y</b> \
Acquired marks (s	scars, tattoos etc)			1//

The horse certified on this health certificate is as described in horse passport/identification certificate number:.....

Signature: ..... RCVS Official Veterinarian ..... NAME IN BLOCK CAPITALS

No:				Annex A
	ATION OF THE BRITAIN TO MA		NER* IN RELATION TO THE E	KPORT OF A HORSE FROM
NAME O	F HORSE:		PASSPORT NUMBER:	
DATE O	F BIRTH:	SEX:	COLOUR:	
I of the	owner* of the	e above animal.	(name)am the	owner*/agent
To the	best of my k	nowledge and belief th	ue horse:-	
(a) premis			nas been resident only on er countries if applicable	
Name &	Address of P	remises_	Date of Arrival	Date of leaving
(1)	$\sim$	7		
(2)				
(3)				
(4)				
(b)		se has not been vacair	nated during the 2 (two) w	eeks immediately
(c)	(Taylorella at the time and none of prior to exp	equigenitalis), nor ha of mating, was infecte the premises which the	with the contagious equines it every been mated/covered with the contagious equiper has visited during by the contagious equines the past 2 years;	red by a horse, which ine metritis organism the 2 (two) months
(d)	collection o		atural service since the date testing for contagious entities (Nate).	
(e)	port of emba	rkation will be cleans	said horse from the isolated and disinfected with animal and the other animal	DEFRA approved
(f)	port/airport	of embarkation withou	d direct from the isolation to coming into contact with ransported according to I	n animals not
		Signe	d:	
		Name : <b>Statu</b> :	in Block Capitals:•s: Owner*/Agent of the Ow	and the second s
		Addre	ss:	
		Telep	none Number:	
		Date:		

\* delete as appropriate

(This declaration should be completed for every horse being exported to Macau).

No: ..... ANNEX B

DECLARATION OF THE OWNER\*/ MANAGER\* OF A PREMISES WHERE HORSES ARE OR HAVE BEEN KEPT IN RELATION TO THE EXPORT OF HORSES FROM GREAT BRITAIN TO MACAU

#### PART A

I being the

owner\*/manager\* of the following premises

Name of Premises\_

Address of Premises

Q

nominate

(name of veterinary streeon) as the Veterinary Surgeon appointed for these premises and I declare that no cases of the following diseases have occurred on the above premises during the past 3 months:

epizootic lymphangitis

equine infectious anaemia

equine influenza

equine viral abortion (equine herpes virus type 1, and including any central nervous disease attributable to this virus)

equine viral arteritis

equine piroplasmosis

horse pox

rabies

Lyme disease

Potomac fever

or any other compulsorily notifiable disease of horses;

I also declare that contagious equine metritis has not occurred during the past 2 years on the above premises.

Signed: ....

Date:

Telephone Number:

Status: Owner\*/ Manager\*

\* delete as appropriate

#### PART B

I														, ce	rtif	У		
that,	beir	ng a	veterin	nary	surgeon	appoint	ted	for	the	abov	e pre	mise	es,	to	the	best	of	mς
knowl	edge	and	belief	the	owner*/r	nanager'	s*	decl	arat	cion	above	is	а	true	and	l cor	rect	;
state	ment.																	

	Signed:
	Name in Block Capitals:
	Address:
	The Landson and March and
X	Telephone Number:
	Date:

(One of these declarations should be used for each premises that the horse has been on during the 3 month period immediately prior to export to Macau)

<sup>\*</sup>delete as appropriate