



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN
IRELAND

No:

EXPORT OF HORSES TO MALAYSIA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the horse

Name	Breed	Sex	Age	Microchip No.	Colour

(a) Import Permit No:

II. Origin of the horse

a) Name and address of exporter:

b) Address of premises where the horse was examined:

III. Destination of the horse

a) Country of destination:

b) Name and address of consignee:

c) Means of transportation:

IV. Health information

I, the undersigned, certify that the horse described above meets the following requirements:

- a) on _____ (date), being within 48 hours of export, I examined the horse and found it to be healthy and free from clinical signs of infectious or contagious disease, and in my opinion fit to travel;
- b) the United Kingdom is free from African horse sickness; Japanese encephalitis, Venezuelan, Eastern, St Louis and Western equine encephalomyelitis for the past 2 years and no vaccination is permitted in the UK against these diseases;
- c) **EITHER**
- (i) *glanders has not occurred in the United Kingdom during the past 12 months;
- OR**
- (ii) *each animal has tested with Complement Fixation Test (CFT) with negative results within 30 days immediately preceding export;
- d) **EITHER**
- (i) *no outbreak of **equine infectious anaemia** has occurred in the United Kingdom during the 12 months preceding export;
- OR**
- (ii) *on _____ (date), being within 30 days of export, a blood sample taken from the horse was sent to a Government approved veterinary laboratory where it was tested by the immunodiffusion (Coggins) test for **equine infectious anaemia** with a negative result;
- e) **EITHER**
- (i) *the UK has been free from equine viral arteritis for the preceding 12 months;
- OR**
- (ii) *The animals have been tested in a laboratory approved by the government veterinary authority for equine viral arteritis by the serum neutralisation test (SNT) with negative results at the dilution of 1 in 4 within 15 days preceding export**.
- f) **EITHER**
- (i) *contagious equine metritis has not been officially confirmed in the United Kingdom during the past 12 months immediately preceding the date of export;
- OR**
- (ii) *on the following date, and within 30 days of export, the animal has been tested in a Government approved veterinary laboratory for the causal agent of contagious equine metritis by bacterial culture with negative results in each case:
- (date)
- OR**
- (iii) *the female animal has never been mated;
- OR**
- (iv) *the animal is a gelding.

g) **EITHER**

(i) *no outbreak of equine trypanosomiasis has occurred in the United Kingdom for the past 12 months immediately preceding export;

OR

(ii) *each animal was tested for Trypanosoma evansi by enzyme-linked immunosorbent assay(ELISA) or card agglutination test (CATT) with negative results within 30 days of export **AND** the animals were tested for Trypanosoma equiperdum by complement fixation test (CFT) with negative results within 15 days of export.

h) on the following date and within 30 days preceding export, the horse(s) were tested for equine influenza virus using PCR* or RT-PCR* test with negative results;

(date)

i) the horse has been vaccinated with an inactivated vaccine for Equine Influenza according to the manufacturer's recommendation between 21 to 90 days before shipment either with a primary course or a booster;

j) I have received a written declaration from the owner of the horse(s) that the horse(s) have been continuously resident in the UK for the past 3 months immediately preceding export;

k) the horse(s) originated from an establishment where no case of vesicular stomatitis, equine infectious anaemia, rabies, scabies, anthrax, dourine, strangles, epizootic lymphangitis, ulcerative lymphangitis, equine rhinopneumonitis, leptospirosis, surra, hendra, nipah, equine viral arteritis or any other notifiable equine disease occurred in the 12 months prior to export;

l) the horse was kept in government approved quarantine premises for 21 days prior to shipment. The horse was protected from insect vectors during the quarantine period and the duration of the transportation to the place (airport) of dispatch;

m) the horse(s) have been treated with an approved long-acting broad spectrum parasiticide effective against ticks and broad spectrum anthelmintic within seven (7) days of export;

n) the consignment of horses shall be transported by a direct flight to Malaysia and I have received a declaration that no horses of lesser health status and no animals of different species are carried on the same aircraft;

o) I have received a written statement that no fodder from any other country is carried by the same flight and straw will not be used as bedding during transport by air (treated wood shavings, sterilised peat or soft board may be used instead).

*delete as applicable

**waived for re-import of Singapore / Malaysian horses

V. This certificate is valid for 10 days.

OV Stamp

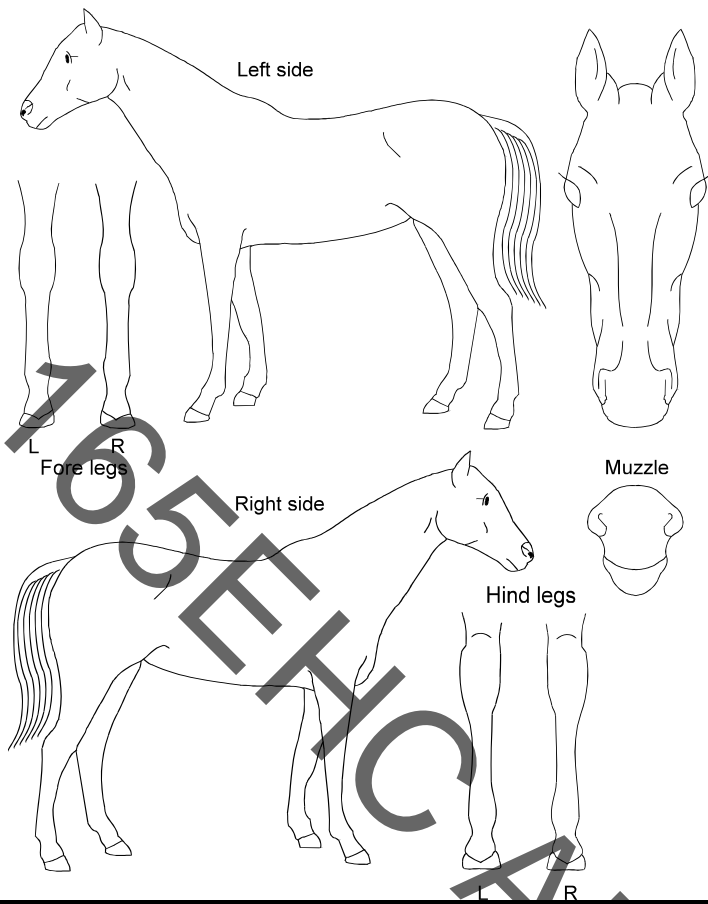
SignedRCVS

.....
Official Veterinarian (Name in block letters)

Address

Date

.....
.....



- 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 (→).
 - Whorls should be marked with a cross(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.

OV Stamp

Date

Name	Breed	Colour	Age	Sex
Head/Neck				
Limbs LF RF LH RH				
Body				
Acquired marks (scars, tattoos etc)				

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

Signature:.....RCVS OFFICIAL VETERINARIAN

.....NAME IN BLOCK CAPITALS