



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

No:

EXPORT OF EQUIDAE TO OMAN

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Age	Colour	Sex	Passport number

A full description using the sketch on page 4 MUST be completed. Whorls on head and neck must be described in the narrative and indicated by a small cross (x).

II. Origin of the animal

- a) Name and address of exporter:
- b) Address of premises where the animal was examined:
- c) Name and address of owner:

III. Destination of the animal

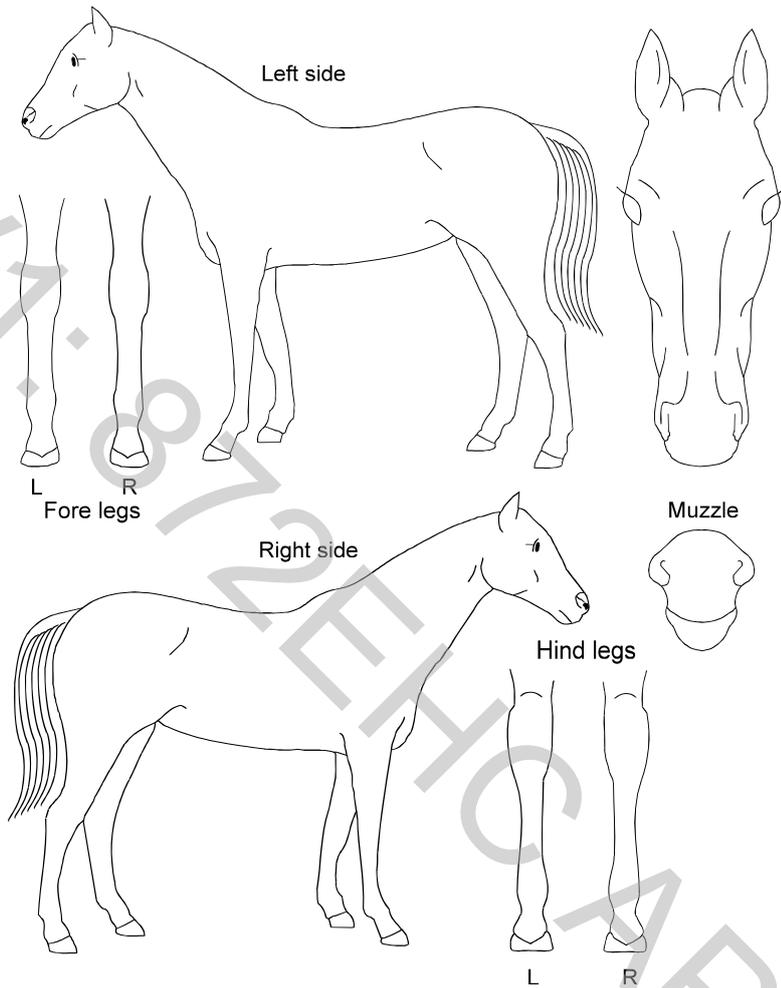
- a) Name and address of consignee:
- b) Means of transportation:
- c) Import permit number:

IV. Health Information

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

- a) on _____ (date), being within 48 hours of loading, I examined the said animal identified at paragraph I above and found it free from clinical signs of infectious or contagious disease;
- b) after due enquiry, and based on a written declaration from the owner*/agent of the owner*
- (i) the said animal has been continuously resident in Great Britain for the past 6 months or since birth;
- and (ii) during the past 30 days the said animal has not been vaccinated against Venezuelan equine encephalomyelitis;
- and (iii) during the past 30 days it has been kept under my supervision at an isolation premises approved by DEFRA, where it has had no contact with horses of a lesser health status;
- c) on _____ (date), being within 21 days of loading, the said animal was treated against acarids using a licensed product (name of product);
- d) on _____ (date), being within 21 days of loading, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency laboratory, Weybridge, where they were subjected to the following tests:
- i) the agar gel immunodiffusion (Coggins) test for equine infectious anaemia with a negative result;
- ii) the complement fixation test for dourine with a negative result at a dilution of 1 in 5;
- iii) *either the complement fixation test for piroplasmosis (*Babesia equi* and *Babesia caballi*) with negative results at a dilution of 1 in 5;
*or the immuno fluorescent antibody test for piroplasmosis (*Babesia equi* and *Babesia caballi*) with a negative result (negative being less than 2+ at a 1 in 80 dilution);
- iv) the complement fixation test for glanders with a negative result at a dilution of 1 in 5;
- v) ***IN THE CASE OF UNCASTRATED MALE HORSES OVER 180 DAYS OF AGE**
- (a) the serum neutralisation test for equine viral arteritis with a negative result at a dilution of 1 in 4; AND
- (b) as far as can be determined and in accordance with a written declaration of the owner*/agent of the owner*, the said animal has not been used for natural service later than 14 days prior to the collection of blood for EVA testing as detailed in paragraph IV d) v) (a) above;
- e) on _____ (date), being within 21 days of loading, a blood sample was taken from the said animal and sent to the Institute for Animal Health, Pirbright Laboratory where it was subjected to the following test with a negative result:
- Either* i) the complement fixation test for African horse sickness with a negative result (negative at a dilution of 1:10);
- or* ii) the enzyme linked immunosorbent assay for African horse sickness with a negative result;
- f) on _____ (date), and on _____ (date) in the case of primary vaccination*, both dates being within the 4 months of loading, but neither date being within 14 days of loading, the said animal was vaccinated against equine influenza using a licensed product in accordance with the data sheet;
- g) after due enquiry and to the best of my knowledge there has been no clinical, serological or pathological evidence of equine viral rhinopneumonitis (herpesvirus type 1), equine viral arteritis, surra or scabies on the premises of origin in the past 3 months;
- h) no outbreak of anthrax, contagious equine metritis, dourine, epizootic

* delete as appropriate



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.

OFFICIAL VETERINARIAN 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 CAPITALS