



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

No:

EXPORT OF HORSES FROM GREAT BRITAIN TO SAUDI ARABIA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: Official Veterinarian

I. Identification of the animal

a)	Name	Breed	Age	Colour	Sex

c) * Passport number:

d) * Issued by:

b) Method of identification:

II. Origin of the animal

a) Name and address of exporter:

b) Address of premises where the animal was examined:

III. Destination of the animal

a) Name and address of consignee:

b) Address of destination of the animal:

c) Means of transportation:

IV. Health Information

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

- a) on (date), being within 48 hours of export, I examined the said animal and found it free from clinical signs of infectious or contagious disease;
- b) the said animal is not intended for slaughter under a national programme to control or eradicate a contagious or infectious disease;
- c) i) the said animal does not come from the territory or part of the territory of a Member State which is the subject of restrictions for reasons of African horse sickness; **AND**
 ii) as far as can be ascertained and based on a written declaration from the owner*/agent of the owner*:
EITHER* (a) the said animal is not vaccinated against African horse sickness;
OR* (b) the said animal was vaccinated against African horse sickness on (date);

* Delete as appropriate

- d) the said animal has not come from a holding which was subject to prohibition for animal health reasons, nor in so far as can be determined had contact with equidae from a holding which was subject to prohibition for animal health reasons, for the following periods;
- (i) during six months in the case of equidae suspected of having contracted dourine, beginning on the date of the last actual or possible contact with a sick animal. However, in the case of a stallion, the prohibition shall apply until the animal is castrated;
 - (ii) during six months in the case of glanders or equine encephalomyelitis, beginning on the day on which the equidae suffering from the disease in question are slaughtered;
 - (iii) in the case of infectious anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart;
 - (iv) during six months from the last case, in the case of vesicular stomatitis;
 - (v) during one month from the last case, in the case of rabies;
 - (vi) during 15 days from the last case, in the case of anthrax;
- if all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of anthrax, where the period of prohibition is 15 days;
- e) as far as can be ascertained and based on a written declaration from the owner*/agent of the owner*, the said animal has been resident on premises under veterinary supervision for the 15 days immediately prior to export, and during that time has not been in contact with equidae suffering from any infectious or contagious disease;
- f) as far as can be ascertained and based on a written declaration from the owner*/ agent of the owner*, the said animal has been resident in the European Union for at least the 30 days immediately prior to export;
- g) EITHER* (i) as far as can be ascertained and after scrutiny of available records, the said animal was not imported into the European Union during the past 90 days, under the conditions for the temporary admission of registered horses laid down in Commission Decision 92/260/EEC from a country, other than Australia or New Zealand, listed in groups B or D of Annex I to the Commission Decision 92/260/EEC;
- OR* (ii) on (date), being within 30 days of export, and at least 14 days after the date of entry, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge where they were submitted to the following tests with negative results in each case:
- (i) the complement fixation test for dourine at a dilution of 1:10;
 - (ii) the complement fixation test for glanders at a dilution of 1:10;
- h) on (date), being within 30 days of export, and, if imported into the EU, at least 14 days after the date of entry, a blood sample was taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge where it was submitted to the agar gel immunodiffusion (Coggins) test for equine infectious anaemia, with a negative result;
- j) **FOR ENTIRE MALES OLDER THAN 180 DAYS***
- EITHER*** (i) on (date), being within 30 days of export, and if imported into the EU at least 14 days after the date of entry, a blood sample was taken from the said animal and sent to the Veterinary Laboratories Agency, Weybridge where it was submitted to a virus neutralisation test for equine viral arteritis with negative results at a dilution of 1 in 4;
- OR*** (ii) on (date), being within 30 days of export, and if imported into the EU at least 14 days after the date of entry, an aliquot of entire semen was submitted to the Veterinary Laboratories Agency, Weybridge for a virus isolation test for equine viral arteritis with negative results after 3 passages in tissue culture;
- OR*** (iii) the animal was vaccinated on (date), against equine viral arteritis under official veterinary supervision with a vaccine approved by the competent authority, according to the following programme for initial vaccination and has been re-vaccinated at regular intervals in accordance with manufacturers instructions;

* Delete as appropriate

Programme for initial vaccination against equine viral arteritis:

(Instruction: Cross out vaccination programmes that do not apply to the animal described above. Verify supporting certification on testing before vaccination and re-vaccination).

- EITHER*** (i) vaccination was carried out on the day a blood sample was taken that subsequently proved negative in a virus neutralisation test at a dilution of 1 in 4;
- OR*** (ii) vaccination was carried out during a period of isolation of not more than 15 days under official veterinary supervision, commencing on the day a blood sample was taken that was tested with a negative result in a virus neutralisation test at a dilution of 1 in 4;
- OR*** (iii) vaccination was carried out when the animal was at an age of 180 to 270 days, during a period of isolation under official veterinary supervision. During the isolation period two blood samples taken at least 10 days apart proved a stable or declining antibody titre in a virus neutralisation test for equine viral arteritis;

k) **FOR ALL HORSES**

during the 60 days immediately prior to export, but not within 14 days of export, the said animal received:

- EITHER*** (i) two primary vaccinations against equine influenza, in accordance with manufacturer's recommendations;

Dates of vaccinations: (date), (date)

- OR*** (ii) a booster vaccination following a previously certified course of primary vaccination, in accordance with manufacturer's recommendations;

Date of booster vaccination: (date);

- l) the said animal shows no clinical signs of contagious equine metritis (CEM) and, as far as can be ascertained, during the last 60 days, it has not been on any holding where there has been any suspicion of CEM during that time, nor has it had contact indirectly, or directly through coitus with equidae infected or suspected of being infected with CEM;

m) I have received a written declaration from the transporter stating that:

- (i) the said animal will be conveyed from the premises of origin to the airport of despatch without coming into contact with other equidae not similarly certified, in a vehicle previously cleansed and disinfected with a disinfectant officially approved by DEFRA; **AND**

- (ii) **EITHER*** (a) the said animal will be sent directly from the premises of origin to the airport of embarkation;

- OR*** (b) the said animal will not be sent directly from the premises of origin to the airport of despatch but will be unloaded at the following premises and supplementary certification will be provided for each premises:

*delete as appropriate

V. This certificate is valid for 10 days

OFFICIAL VETERINARIAN Stamp Signed.....RCVS

Name in BLOCK letters

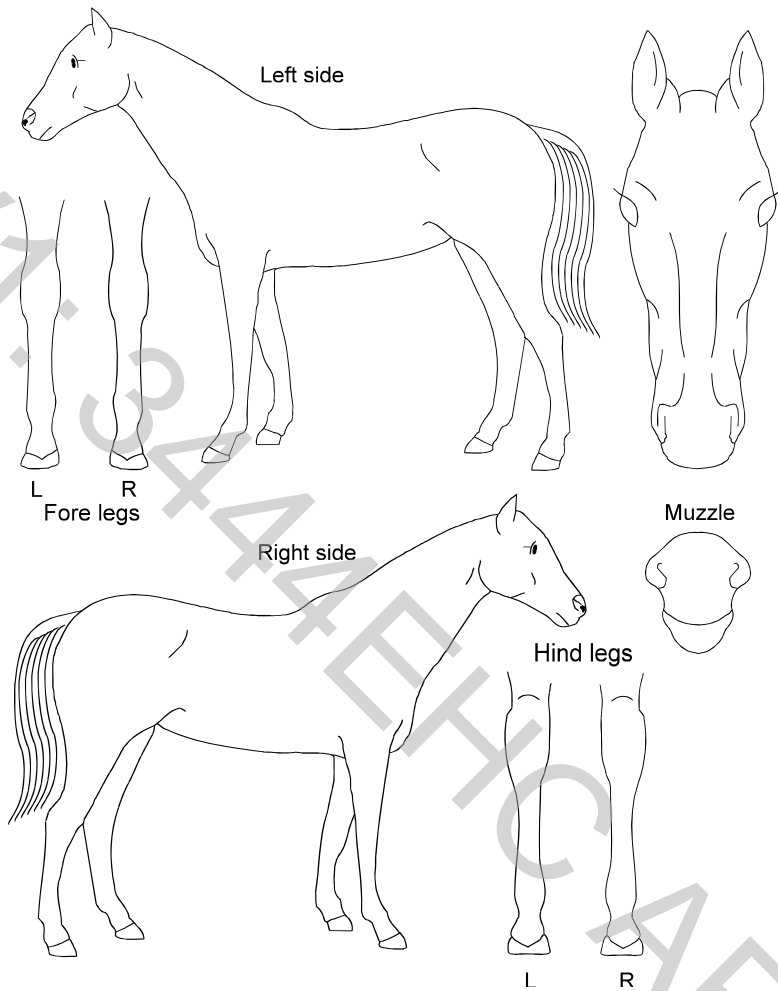
Official Veterinarian

Address:

Date:

NB: Stamp and signature to be in ink of a colour not used in printing the certificate

Department for Environment, Food and Rural Affairs
1A Page Street
London
SW1P 4PQ.



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



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 SUPPLEMENTARY CERTIFICATE**

I, the undersigned, certify that:

- (i) the animal identified in the attached health certificate
 number has been held in isolation at:

 (address)
 from: (time and date)
 until: (time and date).

- (ii) to the best of my knowledge, and based on a written declaration of the
 owner*/manager* of the premises, there has been no evidence of infectious or
 contagious diseases of equines during the 15 days immediately prior to the
 entry of the said animal.

* delete as applicable

stamp

Signed: RCVS

Name in BLOCK

letter:

Official Veterinarian

Date: