

SUPPLEMENTARY HEALTH CERTIFICATE FOR THE TRANSIT THROUGH THE UNITED KINGDOM OF A REGISTERED HORSE DESTINED FOR EXPORT TO SINGAPORE AND ORIGINATING FROM ANOTHER EU MEMBER STATE OR SWITZERLAND

NOTES FOR THE GUIDANCE OF THE OFFICIAL VETERINARIAN AND EXPORTER

1. Scope

Supplementary health certificate 189SUP may be issued for a registered horse which are imported into the United Kingdom from other EU Member States or Switzerland, have been certified for export to Singapore by that EU Member State where supplementary veterinary documentation is required to cover the period of time the horse is resident in the United Kingdom.

2. Identification of horses

Section I must be fully completed. The passport number and issuing authority should be entered where indicated in Section I.

3. Origin of the animal

Section II must be fully completed. The name and address of the exporter can be obtained from the EHC issued by the Competent Authority of the certifying EU Member State or Switzerland and entered in paragraph II a). The address in the United Kingdom, where the horse will be resident during its stay, must be entered in paragraph II b).

4. Destination of the animal

Section III must be fully completed. The name and address of the consignee can be obtained from the EHC issued by the Competent Authority of the certifying EU Member State or Switzerland and entered in paragraph III a).

5. Disease clearance

Paragraphs IV a), b), c), d), e), f), g), h) and j) refer. The certification contained in these paragraphs may be signed on behalf of the Department by an OFFICIAL VETERINARIAN provided written authority has been received on form 618NDC.

Paragraph IV k) refers. If the OFFICIAL VETERINARIAN has no direct knowledge of the disease history of any premises where the horse has been since entry into the United Kingdom, a written declaration must be obtained from the owner/manager of the premises, and countersigned by the veterinary surgeon responsible for the premises. A specimen declaration is at Appendix I.

PART B - to be completed by the veterinary surgeon

I (name in BLOCK LETTERS), certify that, to the best of my knowledge and belief the owner*/agent of the owner* declaration above is a true and correct statement.

Signed:..... MRCVS

Date:.....

Telephone Number:.....