



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT  
WELSH ASSEMBLY GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS  
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: .....

EXPORT OF HORSES FROM THE UNITED KINGDOM TO ST VINCENT AND THE GRENADINES

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Age	Colour	Sex

A full description using the sketch on page 3 should be completed. Whorls on head and neck should be described in the text and indicated on the silhouette 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:

**IV. Health Information**

I, the undersigned, certify that:

- a) to the best of my knowledge and based on a written declaration received from the owner\*/exporter\*, the horse has been continually resident in the United Kingdom during the past 6 months or, in the case of horses younger than 6 months, since birth;
- b) in so far as can be determined, no case of dourine, surra, epizootic lymphangitis, ulcerative lymphangitis, equine influenza, equine infectious anaemia, equine encephalomyelitis, contagious equine metritis, equine viral arteritis, equine rhinopneumonitis, or mange has occurred on the premises where the horse has been kept during the sixty (60) days immediately prior to export;
- c) foot and mouth disease has not been confirmed in the United Kingdom during the past 12 months;
- d) on \_\_\_\_\_ (date), being within 48 hours prior to export, I examined the horse and found it to be in good health and free from clinical signs of infectious or contagious disease, external parasites and in my opinion fit to travel;
- e) on \_\_\_\_\_ (date), the horse was vaccinated against tetanus;
- f) on \_\_\_\_\_ (date), being within 7 days of export, the horse was treated for internal parasites with a broad spectrum anthelmintic in accordance with the manufacturer's instructions:

Name of product:

Active ingredient(s):

**V. This certificate is valid for 10 days.**

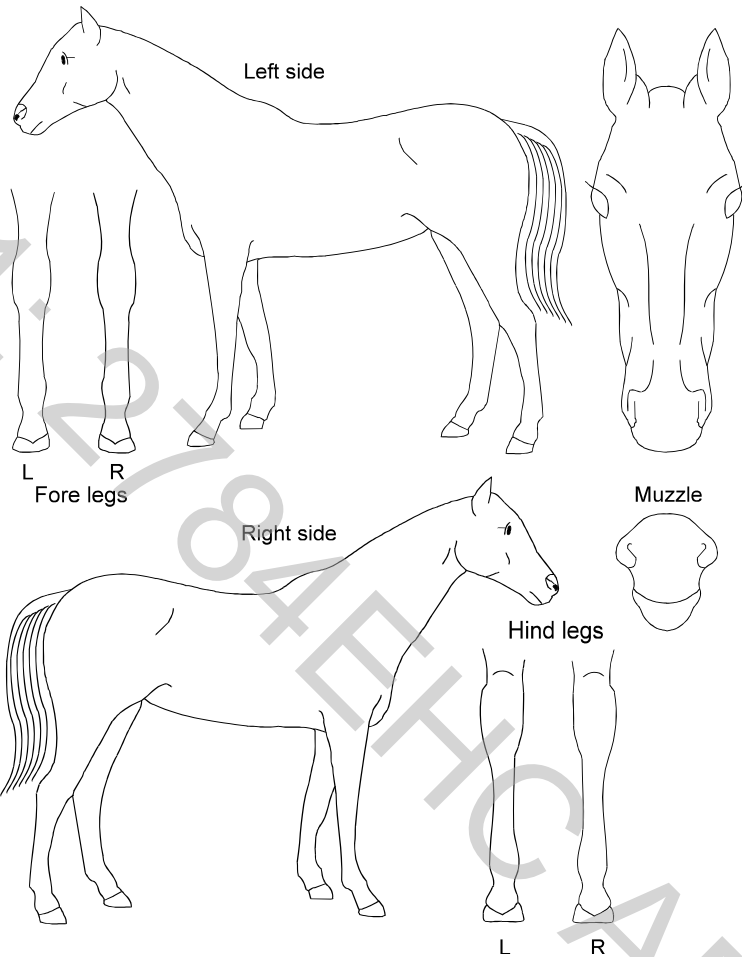
**OFFICIAL VETERINARIAN Stamp**

Signed.....RCVS

Name in block  
letters:.....

Official Veterinarian

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.

OFFICIAL VETERINARIAN Stamp
Date

Name	Breed	Colour	Age	Sex
<b>Head/Neck</b>				
<b>Limbs</b> LF				
RF				
LH				
RH				
<b>Body</b>				
<b>Acquired marks</b> (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

V1:2784EHC APPLICATION