

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

EXPORT OF HORSES TO THAILAND

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

| Name | Breed | Sex | Age | Colour |
|------|--------------|-----|-----|--------|
| | \checkmark | | | |

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

II. Origin of the animal

- a) Name and address of exporter:
- b) Name and address of owner:
- c) Address of premises of origin:

III. Destination of the animal

- a) Name and address of consignee:
- b) Means of transportation:

IV. Health Information

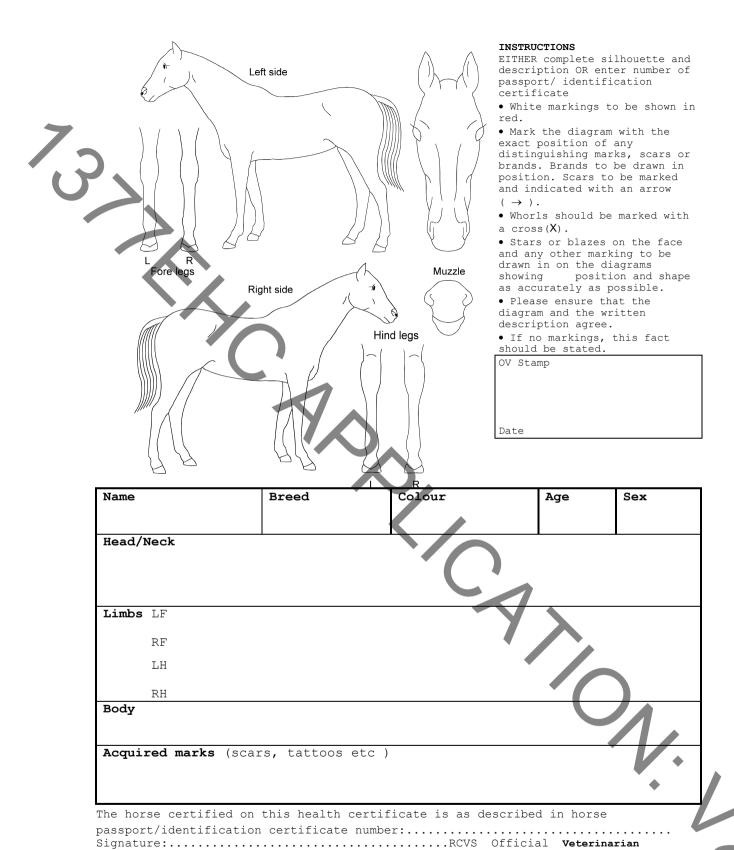
- I, the undersigned official veterinarian, hereby certify that the horse described in paragraph I above meets the following requirements:
- a) on (date), being within 72 hours of the proposed time of export, I examined the horse and found it healthy and free from clinical signs of infectious or contagious disease including contagious equine metritis and obvious genetic defects, ectoparasites and to my opinion is fit for travel;
- b) The United Kingdom is free from African horse sickness, equine encephalomyelitis (all types including Japanese encephalitis and Venezuelan, Eastern and Western equine encephalomyelitis), dourine, epizootic lymphangitis (Histoplasma farciminosum), Borna disease in horse and vesicular stomatitis;
- neither horse pox nor equine trypanosomiasis (Trypanosoma evansi) has been recorded in the United Kingdom;
- d) no case of anthrax, equine viral arteritis, equine infectious anaemia, and rabies has occurred within a radius of 100 km of the premises identified at paragraph II(c) above as far as I can determine during the last 12 months;
- e) during the 2 years prior to export, no clinical signs or other evidence of equine influenza, rhinopneumonitis, equine herpes virus (EHV-1 and EHV-4 responsible for abortion and neurological dysfunction) in horses and ruminants has been found on any premises accommodated animals;
- f) there has been no clinical evidence of the following diseases in the premises identified at paragraph II (c) above during the 12 months prior to export: glanders, strangles, Salmonella abortus equi infection, equine coital exanthema, equine piroplasmosis, surra, contagious equine metritis (CEM) and mange;
- g) the said animal has been continuously isolated from all other horses not similarly certified in Defra approved and supervised isolation premises for at least 30 days immediately prior to export;
- h) on (date), being within 30 days of export, a blood sample was taken from the said herse and sent to the Animal Health Veterinary Laboratory Agency laboratory, Weybridge, where they were submitted for the following tests
- i) immunodiffusion (Coggins) test for equine infectious anaemia, with a negative result;
- the serum neutralisation test for equine viral arteritis, with a negative result at a dilution equal to or less than 1 in 4;
- iii) a complement fixation test for Glanders at a dilution of 1 in 5;
- iv) either the complement fixation test (negative at a dilution of 1 in 10), or the indirect fluorescent antibody test (negative being less than 2+ at a dilution of 1 in 80) for equine piroplasmosis, with negative results
- v) a complement fixation test for Dourine at a dilution of 1 in 5;
- j) **EITHER*** the said horse is a gelding,
 - OR* the said horse is a mare or a stallion, and on the following dates and being within 30 days of export with an interval of no less than 7 days between each sampling, swabs were taken in the case of a mare from the clitoral fossa and clitoral sinuses and in the case of a stallion from the urethra, the urethral fossa and the penile sheath and sent to a Government laboratory where they were submitted to a bacteriological test for CEM with a negative result in each case:
 - 1 (date) 2 (date) (date);
- k) on (date), being within 96 hours of export, the horse was treated for **ectoparasites** using the following product(s) with efficacy against flies, ticks, lice and mites;

| | Name of product(s): | |
|----|---|--|
| | Active ingredient(s): | |
| | Dose rate: | |
| 1) | on (date), being within 96 hours of export, the horse was treated for endoparasites using a macrocyclic lactone product; | |
| | Name of product: | |
| | Active ingredient(s): | |
| | Dose rate: | |
| m) | a written declaration has been received from the owner*/agent of the owner* stating that the vehicle for transportation of the horse to the port of embarkation has been cleansed and disinfected using a Defra approved disinfectant prior to loading this animal and other animals of the same consignment; | |
| al | a written declaration has been received from the owner*/agent of the owner* stating that the said animal will be transported direct from the isolation premises to the port/airport of embarkation without coming into contact with animals not similarly certified, and will be transported according to IATA regulations. | |

*Delete as appropriate

V. This certificate is valid for 10 days.

| OV Stamp | Signed |
|----------|-----------------------|
| | Official Veterinarian |
| Date | Address |
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1377EHC (Agreed 24/06/2013) (Revised 03/07/2014)

.....NAME IN BLOCK CAPITALS



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WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

| | No: |
|---|--|
| EXPORT OF HORSES TO THAILAND | |
| SUPPLEMENTARY HEALTH CERTIFICATE | |
| EXPORTING COUNTRY: UNITED KINGDO | OM. |
| FOR COMPLETION BY: OFFICIAL VETE | RINARIAN |
| in paragraph I of health certific | rinarian, hereby certify that the horse described and dated the following additional requirement: |
| sample was taken from the said Laboratory Agency laboratory, | (date), being within 30 days of export, a blood d horse and sent to the Animal Health Veterinary Weybridge, where it was submitted to the following Surra), with regative results: |
| *Either | |
| i) card agglutination t | test (CATT); |
| *Or | |
| ii) blood smear test. | |
| *Delete as appropriate | |
| OV Stamp | SignedRCVS |
| | Name in block |
| | Official Veterinarian |
| | • • • • • • • • • • • • • • • • • • • |
| Date | Address |
| | |
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