

No:

EXPORT OF HORSES TO NEW ZEALAND

SUPPORT DECLARATION/ VETERINARY CERTIFICATE - PART A

NAME OF HORSE:

PASSPORT No:

PART A: OWNER'S DECLARATION

I, being the owner / agent of the owner* of the said animal hereby declare that:

- a) the horse identified on this document is more than one month old;
- b) for the six (6) months prior to export to New Zealand¹, the horse identified on this document was either

*i) continuously resident in the United Kingdom (UK), and during that time has resided at the following premises in the UK:

Premises address in the UK	Date of arrival	Date of Departure

Or

*ii) resident in both the UK and in another/other Member State(s) of the EU²;

Premises address in EU Member State(s)	Date of arrival	Date of Departure
Premises address in the UK		

Or

*iii) resident in (an) EU Member State(s) and travelled to the UK to undergo Pre-Export Isolation (PEI)².

* Delete as appropriate

¹ Or since birth if the horse is less than 6 months old at time of export.

² In this case, a veterinarian from the Member State the horse resided in needs to fill out PART C.

Premises address in EU Member State(s)	Date of arrival	Date of departure

- c) ♦ to the best of my knowledge, the said horse has never been mated to, or inseminated with semen from, an animal known to be infected with Contagious Equine Metritis (CEM), and has never entered a known CEM infected premises;
- d) *to the best of my knowledge, no antibiotics have been administered to the above horse during the previous seven (7) days for systemic treatment or 21 days for local treatment prior to the departure date above;
- e) The horse was not vaccinated for Venezuelan Equine Encephalitis during the 60 days prior to the departure date above.

Signed:

Printed Name:

Status: (Owner / Manager / etc)

Date:

*delete if not applicable or cannot be certified

EXPORT OF HORSES TO NEW ZEALAND

SUPPORT DECLARATION/ VETERINARY CERTIFICATE - PART B

NAME OF HORSE:

PASSPORT No:

PART B: PREMISES OWNER'S/MANAGER'S DECLARATION³

I (name in block letters), being the owner* / manager* of the following premises:

Name:

Address:

declare:

- a) that the following veterinary surgeon (name in block letters) is responsible for routine veterinary care at these premises and regularly visits the premises;
- b) that to the best of my knowledge no case of any of the following diseases has occurred on the above premises during the past three calendar months:

equine encephalomyelitides (Eastern and Western), equine infectious anaemia, equine influenza, equine viral abortion (EHV-1), equine viral arteritis, anthrax, contagious equine metritis, Salmonella abortus equi, Hendra virus, Nipah virus or equine piroplasmosis.

- c) that to the best of my knowledge no case of **rabies** or **Borna disease** has occurred on the above premises during the past 12 months.

Signed:

Date: Status: Owner* / Manager*

Veterinary Surgeon's Declaration pertaining to this premises manager's/owner's declaration

I, being the veterinary surgeon named above, certify that to the best of my knowledge and belief that the owner's / manager's declaration above are true and correct statements.

Signed: Date:

Name in Block Capitals:

Address:

.....
.....

Veterinary Surgery/Surgeon Stamp

³ One declaration is to be filled out for each premises the horse has visited during the 6 months prior to export

V1.5887SPT APPLICATION

EXPORT OF HORSES TO NEW ZEALAND

SUPPORT DECLARATION/ VETERINARY CERTIFICATE - PART C

NAME OF HORSE:

PASSPORT No:

PART C: VETERINARIAN'S DECLARATION - for residence outside the UK

I, a veterinarian of (name of Member State), hereby certify that:

- a) The horse was resident in (name of Member State) from to (departure date from Member State).
- b) The following diseases are compulsory notifiable in (Member State) and have not been recorded there during the past 2 years:

African horse sickness, Venezuelan equine encephalomyelitis, vesicular stomatitis, glanders, dourine, equine infectious anaemia, rabies and anthrax.

- c) No clinical cases of the following diseases have been recorded in (Member State) during the past 12 months:

African horse sickness, Eastern and Western Equine Encephalomyelitis, Venezuelan equine encephalitis, vesicular stomatitis, Japanese encephalitis, Nipah virus, Hendra virus, Surra and Screw-worm fly (both Old World and New World types) and vaccination for African horse sickness has not been practiced during this time

- d) Insofar as can be determined there have been no clinical cases of Borna disease during the previous 12 months on any of the premises in (Member State) at which the said horse has resided during the three months immediately prior to export.

- e) Insofar as can be determined there have been no clinical cases and no animal has returned a positive test result for the following diseases on any of the premises in (Member State) at which the said horse has resided during the three months immediately prior to export:

equine encephalomyelitides, equine infectious anaemia, equine influenza, equine viral abortion (EHV-1, including neurological disease), equine viral arteritis, anthrax, contagious equine metritis, Salmonella abortus equi, Hendra, Nipah or equine piroplasmosis.

- f) In so far as can be determined there have been no clinical cases of rabies, glanders or dourine during the previous 12 months on any of the premises in (Member State) at which the said horse has resided during the six months immediately prior to export.

- g) *After due enquiry, I confirm to the best of my knowledge that no antibiotics have been administered to the above horse during the previous seven (7) days for systemic treatment or 21 days for topical treatment prior to the departure date above.

h) After due enquiry, I confirm that to the best of my knowledge the horse identified on this document has not been vaccinated for Venezuelan equine encephalitis during the 60 days prior to the departure date above.

Issued at:

Date:

Printed Name:

Signature:

*delete if not applicable or cannot be certified

Veterinary Surgery/ Surgeon Stamp
