



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

No: .....

TEMPORARY EXPORT OF HORSES FROM THE UNITED KINGDOM TO THE UNITED ARAB EMIRATES

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

	Name	Breed	Age	Colour	Sex
a)					

b) Method of identification:

c) \*Passport number:

d) \*Issued by:

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) Address of destination of the animal:

c) Means of transportation:

\* Delete as appropriate

#### IV. Health Information

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

- a) on (date), being within 24 hours of export, I examined the said animal identified at paragraph I above and found it free from clinical signs of infectious or contagious disease, free from evidence of external parasites, and fit to travel;
- 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 of 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);

- d) the said animal has not come from a holding which was subject to prohibition for animal health reasons, nor 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 isolation 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 21 days immediately prior to export;
- g) on (date), being within 30 days of export, and, if imported into the EU, at least 14 days after the date of entry, blood samples were taken from the said animal and sent to the Veterinary Laboratories Agency laboratory, Weybridge, where they were submitted to the agar gel immunodiffusion (Coggins) test for equine infectious anaemia, with a negative result;
- h) being within 90 days but not less than 14 days immediately prior to export, the animal was vaccinated against equine influenza as follows:

**EITHER\*** (i) a primary course consisting in two doses of the same vaccine given between 21 to 42 apart;

Dates of vaccinations: 1 (date), 2 (date)

**OR\*** (ii) a booster vaccination given within 12 months of a certified primary course, or within 12 months of a certified booster vaccination where it, and any other previous booster vaccinations, had been administered annually within a regular 12-month period since the primary course;

Date of booster vaccination: (date);

j) 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;

k) I have received a written declaration from the transporter stating that 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**

**EITHER\*** (i) the said animal will be sent directly from the premises of origin to the airport of embarkation;

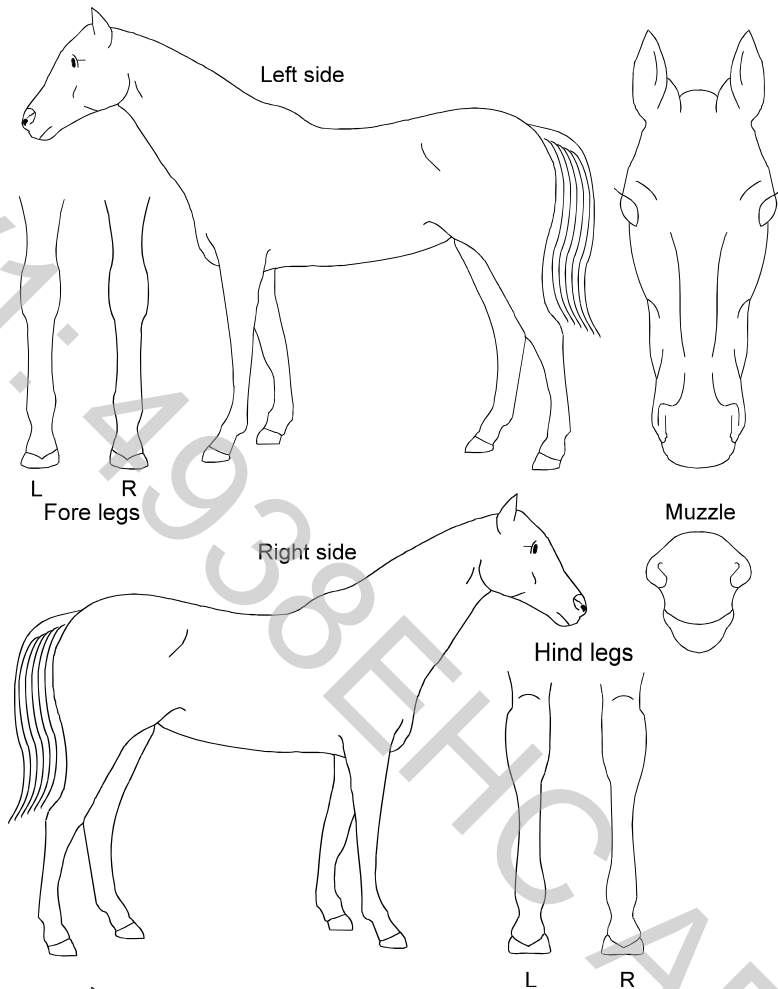
**OR\*** (ii) the said animal will not be sent directly from the premises of origin to the airport of despatch but will be unloaded at the following premises and supplementary certification will be provided from each premises:

\*delete as appropriate

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

**Stamp** Signed.....**RCVS**  
**Name in BLOCK letters** .....  
**Official Veterinarian**  
**Date:** ..... **Address:** .....

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



**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

<b>Name</b>	<b>Breed</b>	<b>Colour</b>	<b>Age</b>	<b>Sex</b>
<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