

# APPLICATION ONLY NOT TO BE CERTIFIED



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

No: .....

EXPORT OF A CAT\*/DOG\* FROM THE UNITED KINGDOM TO ANTIGUA AND BARBUDA  
HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING  
VETERINARIAN: OFFICIAL VETERINARIAN

I. Number and identification of the animal

Identification and any distinguishing marks (including microchip number or tattoo if applicable)	Breed	Sex	Date of birth

II. Origin of the animal

(a) Name and address of exporter:

(b) Address of premises of origin:

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## III. Destination of the animal:

(a) Name and address of importer:

(b) Premises of destination:

(c) Import permit no. (if applicable):

## IV. Health Information

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

(a) on (date), being within 72 hours of export, the animal was examined and found to be free from clinical signs of infectious or contagious disease and in my opinion, is fit to travel;

(b) the United Kingdom is officially free of rabies according to the World Organisation for Animal Health (OIE), Terrestrial Animal Health Code;

### \* (c) IN THE CASE OF A DOG

on (date), being within 30 days prior to the scheduled date of export, a blood sample was taken from the dog and sent to a government authorised laboratory where it was subjected to the indirect fluorescent antibody test (IFAT) for **Ehrlichia canis**, with

**EITHER** (i)\* negative results

**OR** (ii)\* positive results, and the dog was treated with doxycycline at a dose rate of 10mg/kg body weight between (date) and (date), being 14 consecutive days within 30 days prior to the scheduled date of export;

### \* (d) IN THE CASE OF A DOG

on (date), a blood sample was taken from the dog and sent to a government authorised laboratory where it was tested for Lyme disease with negative results;

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\* (e) **IN THE CASE OF A CAT**

ENTER DETAILS OF MOST RECENT VACCINATION FOR FeLV and FIV

Name of disease	Name of vaccine	Date of vaccination
Feline Leukemia Virus (FeLV)		
Feline Immunodeficiency Virus (FIV)		

(f) on \_\_\_\_\_ (date), being within 7 days of export, the animal was treated for **internal parasites**, using a licensed product according to manufacturer's instructions

Name of product \_\_\_\_\_

Dose rate \_\_\_\_\_

(g) on \_\_\_\_\_ (date), being within 7 days of export, the animal was treated for **external parasites**, using a licensed product according to manufacturer's instructions

Name of product \_\_\_\_\_

Dose rate \_\_\_\_\_ ;

\* Delete as applicable

V. **This certificate is valid for 7 days or in case of transportation by sea, the period of validity is extended by the duration of the voyage.**

Official Stamp

Signed.....RCVS

Name in block letters:

.....  
Official Veterinarian

Date .....

Address .....  
.....