### **APPLICATION ONLY** NOT TO BE CERTIFIED



### DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT WELSH GOVERNMENT

WEEDII OOVERGIIENI
DEPARMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND
No:
EXPORT OF DOGS AND CATS FROM UNITED KINGDOM TO THE BAHAMAS
HEALTH CERTIFICATE
EXPORTING COUNTRY: UNITED KINGDOM
CERTIFYING
VETERINARIAN: OFFICIAL VETERINARIAN

Number and identification of the animals I.

dia	ntification and any stinguishing marks including tattoo	Bro	eed	Sex	Age	
			<b>9</b> ~			
			<b>'</b> /\)			
II.	Origin of the anima	ıls				
a)	Name and address of	exporter:		"(		
b)	Address of premises	s of origin:				
c)	Name and address of	Importer:			<b>'</b> C	1
						•

- II. Origin of the animals
- a) Name and address of exporter:
- b) Address of premises of origin:
- Name and address of Importer:

## **APPLICATION ONLY** NOT TO BE CERTIFIED Premises of destination:

e) Import	t permit	no. (if	applicable):
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#### III. Health Information

- the undersigned, certify that:
- (date) being not more than 48 hours prior to proposed date of export, the said animal(s)\* was/were\* examined and found to be free from clinical signs of infectious or contagious disease including external parasites and in my opinion is/are fit\* to travel;
- b) st\_of my knowledge and belief and in accordance with a written declaration from the exporter/agent of the exporter\*, the said animal(s)\* has/have\* remained in the United Kingdom for at least 6 months prior to the proposed date of export or since birth;
- the said animal(s)\* has/have\* been fully vaccinated using either a primary course of vaccination or a booster dose not more than 12 months prior to the proposed date of export as detailed below:c)

	VACCINE(S)	MANUFACTURER	BATCH NO(S)	DATE(S) OF
		•		VACCINATION
FOR DOGS ONLY*				
Canine Distemper				
Canine Viral		* Y ^		
Hepatitis				
Adenovirus				
Canine		•		
Parvovirus				
Leptospirosis				
FOR CATS ONLY*				
Feline Leukaemia				1
Feline			•	$\gamma$
Rhinotracheitis				
Feline				
Calicivirus				
_ 11				7
Feline				
Panleukopenia				
Feline				
Pneumonitis				

Delete as appropriate

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said anima evidence c technique	date of export, a faecal sample(s)* was/were* taken from the al(s)* and was/were* examined at a Government laboratory for of internal parasites using a modified McMaster floatation with negative results (negative means no eggs seen);
Lyssavirus the past 2	
, 2	appropriate  ificate is valid for 7 days.
amp O	Signed MRCVS
	Name in block letters: Official Veterinarian
te	Address