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

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

_			WELSH GOVERNME	NT			
DEPAR	TMENT	OF AGRICULTUR	RE, ENVIRONMENT AND	RURAL AFFAIF	RS - N	ORTHERN IRELAND	
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•				N	10:	• • • • • • • • • • • • • • • • • • • •	
EXPOR'	T OF I	OGS AND CATS	FROM THE UNITED KING	DOM TO BARB	ADOS		
HEALT	H CERT	TIFICATE					
EXPOR'	TING C	COUNTRY:	UNITED KINGDOM				
_	FYING						
VETER	INARI	AN:	OFFICIAL VETERINARIA	AN			
I.	Numbe	er and identif	ication of the anima	a 1			
	T GILLO	or una racitori	Telefold of the unital				
Mic		p number and					
	make	of reader	Species and Bre	eed Sex	x	Age	
				l .			
II.	Origi	in of the anim	nal	<b>A</b>			
	,						
	a)	Name and add	dress of exporter:				
	b)	Address of p	premises of origin:				
		-	J	•			
	D = = 4 '					<b>Y X</b>	
III.	pesti	ination of the	e animai				
	a)	Name and add	dress of Importer:				
			-				

C) Import permit no.:

b) Premises of destination:

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#### IV. Health Information

- I, the undersigned, certify that:
- a) on , being not more than 7 days prior to the proposed date of export, the animal was examined and found to be micro-chipped with the number stated above, free from clinical signs of infectious or contagious disease including rabies and external parasites and, in my opinion, fit to travel;

#### COUNTRY OF ORIGIN

after due enquiry, I am satisfied that:

#### Either

the animal listed above has been resident in the United Kingdom since birth or continuously for the past three (3) months \*or has been in one or more of the countries listed in Category 1<sup>(1)</sup> during the past three (3) months, namely:

Or

\*ii) the animal listed above has not been resident in the United Kingdom or a country listed in Category 1<sup>(1)</sup> during the past three (3) months and/or the animal is travelling by sea;

#### c) RABIES VACCINATION

i) I have seen a certificate of vaccination for the animal described in Part I against rabies as shown below;

Date of M	Manufacturer and	Batch number	Valid until
	name of vaccine		
(dd/mm/yy)			
		><	

\*ii) (2) I have seen an official record of rabies neutralising antibody titration test for the animal described in Part I, carried out at an approved diagnostic laboratory, which states that the result of the test was greater than or equal to 0.5 IU/ml.

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Test result (LU/ml)

- iii) the animal has been vaccinated against rabies after the microchip (as mentioned in Part I) has been implanted;
- iv) the animal has vaccinated against rabies at least thirty-five (35) days ago;

#### d) OTHER TESTS

 no case of Nipah or Hendra virus or screwworm has been reported in animals in the United Kingdom;

### **APPLICATION ONLY**

the animal has en Barbled CERT of the Expert for the ii) diseases mentioned below within the time periods indicated, with negative results:

Disease	Date of sampling	Type of test
Leishmaniasis (sampled within 6 months prior to export)		*IFAT/ELISA
*Heartworm (not required for animals <6 months old) (sampled within 30 days prior to export)		*Ag ELISA/ Microfilaria concentration test

	prior to export)	
•	*Heartworm (not required for animals <6 months old) (sampled within 30 days prior to export)	*Ag ELISA/ Microfilaria concentration test

e)	ATMENTS
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thin seven (7) days of export, the animal was treated for with a formulation approved for that purpose

Manufacturer and type of product	Date of treatment

ii) Within s days of export, the animal was treated for anthelmintic containing praziquantel tapeworms

Manufacturer and type of product	Date of treatment

<sup>\*</sup>Delete as appropriate

V. This co	ertificate	is	valid	for	10	days.
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Stamp	Signed	.MRCVS
	Name in block letters:	
	Official Veterinarian	
Date	Address	

<sup>(1)</sup> For a list of countries belonging to Category (2) Delete if IV (b) (i) is applicable/certified. category list on <a href="www.agriculture.gov.bb">www.agriculture.gov.bb</a>