APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT NATIONAL ASSEMBLY FOR WALES

No:

EXPORT OF DOGS AND CATS FROM GREAT BRITAIN TO DOMINICA

HEALTH CERTIFICATE

EXPORTING COUNTRY:

UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

Ι. Number and identification of the animals

		· · · ·		<u> </u>	
		ation and any ishing marks	Breed	Sex	Age
	-	-	\cap		-
			~		
II.	Origi	n of the animals		$\boldsymbol{\mathcal{O}}_{\boldsymbol{\mathcal{O}}}$	
	a)	Name and address	s of exporter:		
	b)	Address of premi	ses of origin:		72
III.	Desti	nation of the ani			1
	a)	Name and address	s of Importer:		
	b)	Premises of dest	ination:		

II. Origin of the animals

- a) Name and address of exporter:
- b) Address of premises of origin:

III. Destination of the animals

- a) Name and address of Importer:
- b) Premises of destination:

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c) Import permit no. (if applicable):

IV.	Health Information					
I, the undersigned, certify that:						
5	on , (being not more than 48 hours prior to the 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 distemper, rabies and external parasites and in my opinion is/are fit* to travel;					
b)	EITHER i. on (date); being not less than 30 days and not more than 12 months prior to export the said animal(s)* was/were* vaccinated against rables;					
	<pre>OR ii. to the best of my knowledge and belief, rabies vaccine has not been administered to the said animal(s)*;</pre>					
C)	a declaration has been received from the exporter stating that the animal(s)* is/are* intended to be exported from Great Britain and that the said animal(s)* has/have* not been imported into Great Britain during the past 6 months;					
d)	no case of rabies other than those due to European Bat Lyssavirus (EBL1 or EBL2) has occurred in Great Britain during the past 3 years.					
*	Delete as appropriate					
V. This certificate is valid for 7 days.						
Stamp	Signed MRCVS					
	Name in block letters:					
	Official Veterinarian					
Date	Address					

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