APPLICATION ONLY NOT TO BE CERTIFIED



FOOD AND DIDAL AFFATES

*							
			'S FROM GREAT	r BRITAIN T	O THE REPUBI	ICA DE EL SALV	ADOR
HEAL	TH CERT	IFICATE					
EXPOR	RTING C	OUNTRY: UN	ITED KINGDOM	4 (GREAT BR	ITAIN)		
	IFYING		000000				
VETER	RINARIA	W:		D RURAL AFE		DEPARTMENT FOR	ENVIRONMENT
		O					
I.	Numb	er and iden	tification o	f the anima	als		
		fication an		* -			_
	(inclu	nguishing m ding microck	hip or	Ві	reed	Sex	Age
tı	ranspon	der if appl	icable)				
					7		
					7_		
					7 0,		
					10,		
II.	Orig	in of the a					
II.	Orig a)		nimals address of e	exporter:	/ / /		
II.				exporter:	/ / /		
II.				exporter:	/ <u>\</u>		
II.	a)	Name and a	address of e				
II.		Name and a					
II.	a)	Name and a	address of e				
III.	a) b)	Name and a	address of e				

- b) Premises of destination:
- c) Import permit no. (if applicable

APPLICATION ONLY NOT TO BE CERTIFIED

IV. Health Information

I, the undersigned, hereby certify that the animal(s) described overleaf meet the following requirements:

- a) on , (being not more than 8 days 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 external parasites and in my opinion is/are fit to travel;
- b) on , (being not less than 30 days and not more than 12 months prior to export) the said animal(s)* was/were* vaccinated against rabies.
- c) or , (being not less than 30 days and not more than 6 months prior to export), the said animal(s)* was/were* treated for internal and external parasites

IN THE CASE OF DOGS ONLY

- *d) on , (being not less than 30 days and not more than 12 months prior to export) the said animal(s)* was/were* vaccinated against canine hepatitis, canine distemper and canine leptospirosis;
- *e) on , (being not less than 30 days and not more than 6 months prior to export), the said animal(s)* was/were* vaccinated against parvovirue;

IN THE CASE OF CATS ONLY

- f) on , (being not less than 30 days and not more than 6 months prior to export), the said animal(s)* was/were* vaccinated against feline panleukopenia;
- V. This certificate is valid for 7 days.
- * Delete as applicable

OFFICIAL VETERINARIAN Stamp	SignedRCVS
	Name in block
	letters:
	Official Veterinarian of the Department for
	Environment, Food And Rural Affairs
Date	Address