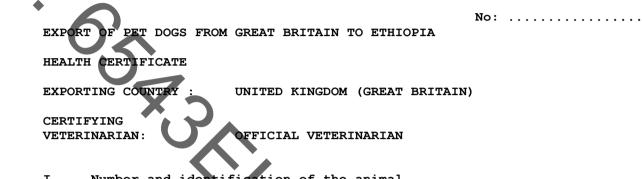
APPLICATION ONLY NOT TO BE CERTIFIED



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



Number and identification of the animal I.

		n and any distinguishing ding microchip number	Breed	Colour	Sex	Age
				coroar		
II.	Origi	n of the animal		•		
	(a)	Name and address of e	exporter:			
	(b)	Address of premises o	of origin:	1	A	
III.	Destin	nation of the animal				
	(a)	Name and address of a	importer:			
						0

II. Origin of the animal

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

III. Destination of the animal

APPLICATION ONLY NOT TO BE CERTIFIED

(b) Premises of destination:

(c)

Import permit no.:

Health Information

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

- (a) on , being not more than 48 hours prior to the proposed date of export, the said animal was 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 fit to travel;
- (b) the said animal was fully vaccinated, not less than 30 days prior to the proposed date of export, against rabies and leptospirosis in accordance with the manufacturer's instructions, and the dates of the vaccinations are as follows:

Disease	Date of vaccination	Type of vaccine	Batch number
rabies:	X		
leptospirosis:	C		

V. This certificate is valid for 10 days from the date of signature.

OFFICIAL VETERINARIAN	
Stamp	SignedRCVS
	Name in block
	letters
	OFFICIAL VETERINARIAN
Date	Address
Department for Environment,	Food and Rural Affairs
1A Page Street London	
SW1P 4PO	