APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT - RURAL DIRECTORATE WELSH GOVERNMENT - DEPARTMENT FOR RURAL AFFAIRS DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

| EXPORT OF CATS FROM THE UNITED KINGDOM TO ETHIOPIA | No: |
|--|-----|
| HEALTH CERTIFICATE | |
| EXPORTING COUNTRY: UNITED KINGDOM | |
| CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN | |
| | |

Number and identification of the animal I.

| | inguish | fication and any ling marks including tochip number | Breed | Colour | Sex | Age | |
|------|---------|---|------------|----------|-----|---------|----|
| | | | 40 | | | | |
| II. | Origin | n of the animal | | | 1 | | |
| | (a) | Name and address of | exporter: | | | | |
| | (b) | Address of premises | of origin: | \(\(\) | 7 | \ /_ | |
| III. | Destir | nation of the animal | | | | | Ja |
| | (a) | Name and address of | importer: | | | | 1 |
| | | | | | | | |

II. Origin of the animal

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

III. Destination of the animal

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| | (b) | Premises of de | estination | .: | | | |
|----------------------|--------------------------|---|---|-------------------------|----------|--------------|---------------|
| | | | | | | | |
| | (c) | Import permit | no.: | | | | |
| IV. | Health | n Information | | | | | |
| | | rsigned, hereby ng requirements | | hat the anim | al desc | ribed overle | af mee |
| (a) | prior found diseas | to the proposed to be free from se, including dinion, is fit to | m clinical istemper, | export, the signs of in | animal t | s or contagi | l and .ous |
| (b) | manufa | nimal was fully acturer's instruction as | uctions, a | nd the vacci | | | |
| | Disease | Date of va | ccination | Type of vac | cine | Batch num | ber |
| | Rabies: | | <u>'(</u> | | | | |
| V. OFFIC Stamp | CIAL VET | certificate is v | valid for Signed | | the da | te of signat | ure. |
| | | | Name i | n block | | | |
| | | | letter | s | | | |
| | | | | | | | · · · · · · |
| | | | OFFICI | AL VETERINAR | IAN | 4 | \ |
| Date | | | | AL VETERINAR | | A | |