

APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT
WALES GOVERNMENT
DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No:

EXPORT OF A DOG/CAT* FROM THE UNITED KINGDOM TO TAHITI (FRENCH POLYNESIA)

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

I. Identification of the animal

Microchip number / Tattoo	Species	Breed	Sex	Age

II. Origin of the animal

a) Name and address of exporter:

b) Address of premises of origin:

III. Destination of the animal

a) Name and address of importer:

b) Premises of destination:

c) Import permit no.:

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IV. Health Information

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

a) on _____, being not more than 4 days 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 rabies, has not shown any external parasite noticeable or palpable, and in my opinion is fit to travel;

b) after due enquiry and examination of documents supplied by the owner/exporter, I am satisfied to the best of my knowledge and belief that the said animal is more than 3 months old and, if applicable, is less than 42 days pregnant;

c) **EITHER***

i) after due enquiry and examination of documents supplied by the owner/exporter, I am satisfied to the best of my knowledge and belief that the animal has been in the following countries only during the past six months or since birth:

AUSTRALIA, BAHRAIN, BARBADOS, FALKLAND ISLANDS, FIJI, GUAM, HAWAII, ICELAND, JAPAN, NORFOLK ISLAND, NEW CALEDONIA, NEW ZEALAND, SINGAPORE, VANUATU, WALLIS AND FUTUNA

and the animal has been in official quarantine kennels at _____

(name of kennels) since arrival in _____

the United Kingdom on _____ until its loading to French Polynesia;

OR*:

ii) the animal was born in the United Kingdom or has been imported into the United Kingdom from _____

And

on _____ (date), the said animal was vaccinated against rabies using a licensed vaccine produced and used according to the standards set up by the OIE terrestrial manual on animal being of at least 3 months of age and still outstanding during the six months prior to its loading to French Polynesia:

Name of Product: _____

Batch number: _____

And

on _____ (date), being at least 3 months and less than 12 months before its loading to French Polynesia, blood samples were taken from the said animal and sent to a government laboratory as prescribed in the OIE Terrestrial manual where a serum neutralization test for rabies antibodies gave an antibody titre equal to or greater than 0.5 IU/ml;

d) on _____, being not more than 30 days prior to export, the said animal was first treated for internal parasites using an anthelmintic effective against nematodes and cestodes including *Echinococcus SSP*.

Name of product _____

active ingredient _____

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e) on _____, being more than 14 days after the first treatment and being not more than 4 days prior to export, the said animal was for the second time treated for internal parasites using an anthelmintic effective against nematodes and cestodes including *Echinococcus SSP*.

Name of product _____ active ingredient _____

f) on _____, being not more than 30 days prior to export, the said animal was treated first against external parasites using a parasiticide effective against ticks and fleas;

Name of product _____ active ingredient _____

g) on _____, being more than 14 days after the first treatment and being not more than 4 days prior to export, the said animal was for the second time treated for external parasites using a parasiticide effective against ticks and fleas;

Name of product _____ active ingredient _____

h) *for dogs,

EITHER*

i. on _____ (date), being less than 30 days before its loading to French Polynesia, blood samples were taken from the said animal and sent to a government laboratory where a IFI (Indirect fluorescent antibody test) or an ELISA test for leishmaniosis antibodies gave a negative result;

OR*

ii. on _____ (date), being less than 30 days before its loading to French Polynesia, blood samples were taken from the said animal properly vaccinated against leishmaniosis and sent to a government laboratory and tested for the disease allowing discrimination between vaccinal antibodies and those induced by field infection with negative results.

i) *for dogs,

EITHER*

i. the exporter has provided me with a declaration that the dog is not morphologically similar to one of the following breeds: Pit Bull Terrier, American Staffordshire Terrier or Rottweiler. I have no reason to doubt the veracity of the exporter's declaration.

OR*

ii. in order to be imported into French Polynesia, American Staffordshire Terriers or Rottweilers must be registered in a stud book approved by the World Canine Organisation (FCI).

*Delete as applicable

V. This certificate is valid for 7 days.

OFFICIAL VETERINARIAN Stamp Signed RCVS

Name in block
letters:
Official Veterinarian

Date Address

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PART B (For completion, by Official Veterinarian at port or airport or quarantine facility prior to shipment)

I, the undersigned certify that the animal described overleaf was thoroughly examined and found to be free from rabies, has undergone examination of the coat, including ears, interdigital spaces and perineal area and has not shown any external parasite noticeable or palpable.

*I, the undersigned certify that the animal has been placed in a cage which prevents any direct contact between the animal and the exterior, and which is in accordance with I.A.T.A. regulations, is fitted with watering and feeding devices, contains only industrial food and is clean and free from arthropods vectors of animal diseases.

The cage was sealed by me using a tamperproof seal(s).

Seal number(s):

Date and time of sealing:

Place of sealing:

***Not required for assistance dogs accompanying the owner, Delete as applicable**

OFFICIAL VETERINARIAN Stamp Signed **RCVS**
(Signature of OFFICIAL VETERINARIAN at port or
Airport of shipment*/ quarantine facility*)

Name in block
letters:

Official Veterinarian

Date **Address**

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