### **APPLICATION ONLY** NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT - RURAL DIRECTORATE WELSH GOVERNMENT - DEPARTMENT FOR RURAL AFFAIRS

DEPA	ARTMENT	OF AGRIC	CLTURE A	AND RUKA	P DEARTON	AENT. NC	KTHEKN	TKELANI
	70					No:		• • • • • •
EXPORT	OF DOGS	AND CATS	FROM THE	UNITED 1	KINGDOM TO	GUAM		
HEALTH	CERTIFIC	CATE						
		70						
EXPORT:	ING COUN	TRY:	UNITED F	KINGDOM				
CERTIF	YING							
VETERII	NARIAN:		OFFICIAI	VETERIN	ARIAN			

I. Number and identification of the animal(s)\*

IDENTIFICATION/MICROCHIP AND DATE OF IMPLANTATION	MARKINGS	BREED	SEX	AGE
	4			
		X,	•	
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#### II. Origin of the animal(s)\*

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

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#### III. Destination of the animal(s)\*

- a) Name and address of importer:
- b) Premises of destination:
- c) Import permit no.:

### IV. Health Information

- I, the undersigned, certify that the animal(s)  $\star$  described above meet the following requirements:
- a) on (date), being not more than 14 days prior to the proposed date of export, the animal(s)\* was/were\* examined and found to be free from clinical signs of infectious or contagious disease, and external parasites, and in my opinion is/are\* fit to travel;
- b) a written declaration has been received from the owner stating that:
  - (i) the animal(s)\* has/have\* been kept in the United Kingdom for the past 4 months or since birth;

and

- (ii) the animal(s)\* has/have\* not been vaccinated with a rabies modified live vaccine during the past 4 months;
- c) on (date), being not more than 14 days prior to the proposed date of export, the animal(s)\* was/were\* treated for ectoparasites using

an approved insecticidal preparation (long acting);

d) on (date), being not more than 14 days prior to the proposed date of export, the animal(s)\* was/were\* treated for endoparasites (helminths and heartworms) using

an approved preparation;

FOR ANIMALS OVER 3 MONTHS OF AGE ONLY:

e) on (date), being not less than 30 days and no more than 12 months (in the case of vaccines which require booster every year) or no more than 18 months (in the case of vaccines which require boosters every 3 years) prior to the proposed date of export, the animal(s)\* was/were\* vaccinated against rabies using an approved inactivated vaccine:

Type of vaccine:
Name of vaccine:
Batch number:
Expiry date of vaccine:

Date of previous vaccination

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- f) on (date), being not less than 30 days after vaccination described in paragraph IV. e) and not more than 12 months prior to the proposed date of export, a blood sample taken from the animal was subjected to a FAVN or RFFIT rabies neutralising antibody titration test (as prescribed in the OIE Terrestrial Manual) with a result of at least 0.5 IU/ml.
- \* Delete as appropriate

This certificate is valid for 10 days.

	<i>(</i> )	
Stamp	90	Signed RCVS
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		Name in block letters
		Official Veterinarian
Date		Address
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		<b>/</b>
		Telephone number
	·	rerephone number
		YVA
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