

# APPLICATION ONLY NOT TO BE CERTIFIED



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

No: .....

EXPORT OF A DOG/CAT\* FROM GREAT BRITAIN TO GUYANA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

CERTIFYING  
VETERINARIAN: OFFICIAL VETERINARIAN

## I. Identification of the animal

Identification and any distinguishing marks including tattoo	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. (if applicable):

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**IV. Health Information**

I, the undersigned, hereby certify that:-

- (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 and symptoms of infectious or contagious disease, and external parasites, and in my opinion is fit to travel;
- (b) a written declaration has been received from the exporter stating that the said animal has remained in the United Kingdom for the past 6 months or since birth;
- (c) **EITHER\*** (i) the said animal has not been vaccinated against rabies;  
**OR\*** (ii) the said animal was vaccinated against rabies on .....(date);

**(d) IN THE CASE OF A DOG ONLY\***

the dog described overleaf was fully vaccinated in accordance with the manufacturer's instructions, against distemper, infectious hepatitis, leptospirosis, parvovirus and parainfluenza virus not more than 12 months prior to the proposed date of export; dates of the vaccinations are as follows:-

Name of disease	Date of vaccination	Name of vaccine	Manufacturer	Batch number
distemper				
infectious hepatitis				
leptospirosis				
parvovirus				
parainfluenza				

- (e) no case of rabies other than those due to European Bat Lyssavirus (EBL1 or 2) has occurred in Great Britain during the past 2 years.

\* delete as appropriate

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

**OFFICIAL VETERINARIAN Stamp**

Signed.....RCVS

Name in block  
letters.....  
Official Veterinarian

Date.....

Address.....  
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