# APPLICATION ONLY NOT TO BE CERTIFIED



### DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

#### WELSH GOVERNMENT

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|--|---------------|---|--------------------------------|-----|------------------|
| DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND |               |   |                                |     |                  |
|  | 5_            |   | No .                           |     | • • •            |
| EXPOR  | T OF CATS/DOG | GS* FROM THE UNITED K                   | INGDOM TO HONG KONG            |     |                  |
| HEALT  | H CERTIFICATE |   |                                |     |                  |
| EXPOR  | TING COUNTRY: | : UNITED KINGDOM                        |                                |     |                  |
| FOR COMPLETION BY: THE OFFICIAL VETERINARIAN                     |               |   |                                |     |                  |
| I.   |               | identification of the                   | animal                         |     |                  |
|  | HIP NUMBER    | ANATOMICAL NAME<br>SITE OF<br>MICROCHIP | BREED AND PHYSICAL DESCRIPTION | SEX | DATE OF<br>BIRTH |
|  |               |   |                                |     |                  |
| II.  | Origin of th  | ne animal                               | W <sub>A</sub>                 |     |                  |
| (a)  | Name and add  | dress of exporter:                      | <i>\(\righta\)</i> ,           |     |                  |
| (b)  | Address of p  | premises of origin:                     |                                |     |                  |
| TTT  | Doghinshiss   | of the animal                           |                                | N   |                  |
|  |               |   |                                |     | <b>^</b> .       |
| (a)  | Name address  | s of importer:                          |                                |     |                  |
|  |               |   |                                |     |                  |

(c) Import permit number:

(b) Premises of destination:

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#### IV. Health Information

I, the undersigned, certify that:

- (b) the animal is not under official quarantine restrictions;
- a written declaration has been received from the owner/exporter\* stating that the animal is 60 days of age or over and there is no reason to doubt the trueness of the declaration;
- \*(d) IN THE CASE OF A FEMALE: a written declaration has been received from the owner/exporter\* stating that the animal is either not pregnant or is less than 4 weeks pregnant and there is no reason to doubt the trueness of the declaration;
  - (e) a written declaration has been received from the exporter stating that the animal has been continuously resident in the United Kingdom during the preceding 180 days or since birth, or during the entire period since the animal was directly imported from Hong Kong, prior to departure from the United Kingdom and there is no reason to doubt the trueness of the declaration;

#### \*(g) IN THE CASE OF A CAT:

the animal was vaccinated against the following diseases not less than 14 days and not more than 12 months prior to the proposed date of export and in accordance with the manufacturers recommendations:

|  | VACCINE | MANUFACTURER | BATCH NO. | DATE OF<br>VACCINATION |
|--|---------|--------------|-----------|------------------------|
| Feline Panleucopaenia (Infectious Enteritis) |         |              |           |                        |
| Feline Respiratory Disease Complex (Cat Flu) |         |              |           | ,(                     |

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\*(h) IN THE CASE OF A DOG:

the animal was vaccinated against the following diseases not less than 14 days and not more than 12 months prior to the proposed date of export and in accordance with the manufacturers recommendations:

|                     | VACCINE | MANUFACTURER | BATCH NO. | DATE OF<br>VACCINATION |
|---------------------|---------|--------------|-----------|------------------------|
| Canine Distemper    |         |              |           |                        |
| Infectious          |         |              |           |                        |
| Canine<br>Hepatitis |         |              |           |                        |
| Canine              |         |              |           |                        |
| Parvovirus          |         |              |           |                        |

\* Delete as appropriate

v.

This certificate is val

| Date:  | SignedMRCVS                                 |
|--------|---|
| Stamp: | Name in block Letters Öfficial Veterinarian |
|        |   |
|        |   |
|        |   |

id for 14 days.