



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS

SCOTTISH GOVERNMENT

WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No:

EXPORT OF RABBITS FROM THE UNITED KINGDOM TO ISRAEL

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Number of animals	Breed	Age	Sex	Official marks, other marks or brands (state no. and position)

a) Import Licence No:

II. Origin of the Animal

a) Name and address of consignor:

b) Place of export:

III. Destination of the Animal

a) Name and address of consignee:

b) Place of destination:

c) Means of Transport and Identification of Carrier:

IV. Health Information

I _____, the undersigned Official Veterinarian, hereby certify that:

- a) The animals originate from premises, which have not had viral hemorrhagic disease, myxomatosis, Encephalitozoon cuniculi, sylvatic plague, treponematosi, Tyzzer's disease, tularemia and European brown hare syndrome diagnosed in the colony in the previous six months.
- b) Within 30 days prior to export to Israel, the animals were examined and found to be healthy and free from clinical signs or symptoms of Myxomatosis, Tularamia, Viral haemorrhagic disease or other infectious or contagious diseases and showed no signs of external parasites or skin disease.
- c) the animals have been treated with a parasiticide effective against external parasites within 7 days prior to export and in accordance with the manufactures instructions.

Date of treatment:

Name of Product:

Name of active ingredient:

- d) the animals have been treated with a parasiticide effective against internal parasites within 7 days prior export and in accordance with the manufactures instructions.

Date of treatment:

Name of Product:

Name of active ingredient:

- e) The rabbits were caged and dispatched in accordance with the I.A.T.A regulations.

V. Validity

The certificate is valid for 3 days. In the case of transport by ship the time is prolonged by the time of the voyage.

Stamp Signed.....MRCVS

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Official Veterinarian (Name in block letters)

Address:
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Date:
.....

e-mail:.....