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



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT - RURAL DIRECTORATE WELSH ASSEMBLY GOVERNMENT - DEPARTMENT FOR RURAL AFFAIRS DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

0.0	No:	
EXPORT OF DOGS AND CATS FROM THE UNITED KINGDOM TO J	ORDAN	
HEALTH CERTIFICATE		
EXPORTING COUNTRY: UNITED KINGDOM		
FOR COMPLETION BY: OFFICIAL VETERINARIAN		

Number and identification of the animals I.

	ntification stinguishing		Breed	Sex	Age	
			1/	<b>)</b>		
			•	<b>70</b> ,		
II.	Origin of	the animals		</td <td></td> <td><u> </u></td>		<u> </u>
	a) Name	and address	of exporter:			
	b) Addr	ess of premi	ses of origin:		7	<b>)</b> .
III.	Destinatio	n of the ani	mals			7/
	a) Name	and address	of Importer:			·V

## II. Origin of the animals

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

## III. Destination of the animals

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	b) Premises of destination:			
	c) Import permit no. (if applicable):			
IV.	Health Information			
I, the	e undersigned, certify that:			
a)	on (date), being not more than 48 hours 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 including distemper, rabies and external parasites and in my opinion is/are* fit to travel;			
b)	on (date), being not less than 30 days and not more than 12 months prior to export, the animal(s)* was/were* vaccinated against rables;			
c)	on (date), being within 14 days of export, the animal(s)* was/were* treated against tapeworm with an approved product according to the manufacturer's instructions;			
d)	a declaration has been received from the exporter stating that the animal(s)* is/are* intended to be exported from the United Kingdom and that the animal(s)* has/have* not been imported into the United Kingdom during the past 6 months;			
e)	no case of rabies other than those due to European Bat Lyssavirus (EBL1 or EBL2) has occurred in the United Kingdom during the past 3 years.			
*	Delete as appropriate			
v.	This certificate is valid for 10 days.			
Stamp	Signed MRCVS			
	Name in block letters:			
	Official Veterinarian			
Date	Address			