

# APPLICATION ONLY NOT TO BE CERTIFIED



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

No: .....

EXPORT OF DOGS AND CATS FROM GREAT BRITAIN TO MADAGASCAR

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals

| Identification and any distinguishing marks | Breed | Sex | Age |
|---|-------|-----|-----|
|   |       |     |     |
|   |       |     |     |
|   |       |     |     |

II. Origin of the animals

a) Name and address of exporter:

b) Address of premises of origin:

III. Destination of the animals

a) Name and address of Importer:

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b) Name and address of premises of destination:

c) Import permit no. (if applicable):

## IV. Health Information

I, the undersigned, hereby certify that the animal(s) described overleaf meet the following requirements:

- a) on \_\_\_\_\_, (being not more than 48 hours prior to the proposed date of export), the said animal(s)\* was/were\* examined and found to be free from clinical signs of infectious or contagious disease including rabies, external parasites and in my opinion is/are\* fit to travel;
- b) on \_\_\_\_\_, (being not less than 30 days and not more than 12 months prior to export) the said animal(s)\* was/were\* vaccinated against rabies;
- c) a declaration has been received from the exporter/agent\* stating the said animal(s)\* has not/have not\* been imported during the previous six months;
- d) on \_\_\_\_\_, being within 3 days of export, the said animal(s)\* was/were\* treated with a medicinal product which is effective against roundworm and tapeworm;
- e) no case of rabies other than those due to European Bat Lyssavirus (EBL1 or EBL2) has occurred in Great Britain during the past 3 years.

## V. This certificate is valid for 7 days

\* Delete as applicable

Stamp ..... Signed .....RCVS  
Name in block  
letters: .....  
Official Veterinarian  
Date ..... Address .....