APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS

				5	COT	LISI	ı GUV	CKNMENT			
	WELSH GOVERNMENT										
*	DEPARTMEN	T OF	AGRIC	CULTUE	RE A	ND	RURAI	L DEVELO	PMENT	NORTHERN	IRELAND
)	C									No:	
EXPOR!	T OF DOGS	AND	CATS	FROM	THE	UNI	TED :	KINGDOM	TO TR	INIDAD AN	D TOBAGO
HEALT	H CERTIFIC	CATE									
EXPOR!	TING COUNT	'RY :	1	UNITE	D K	INGI	MOC				
CERTII VETER	FYING INARIAN:	Ü		OFFIC	IAL	VEI	ERIN.	ARIAN			

I. Identification of the animals

Species	Breed	Coat Colour	Sex	Age
	()			
		1		
		Y		

Mic	crochip Number	Microchip Brand	Location in Animal	
II. Origin of the animals				
	a) Name and ad	dress of exporter:		
	b) Address of	premises of origin:	·	

II. Origin of the animals

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

APPLICATION ONLY NOT TO BE CERTIFIED

III. Destination of the animals

a) Name and address of importer:

b) Premises of destination:

Import permit no. (if applicable):

IV. Health Information

- I, the undersigned, certify that:
- a) on (date), being not more than 7 days 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 internal and external parasites and in my opinion is/are* fit to travel;
- b) a written declaration has been received from the owner stating that:

EITHER* (i) the animals(s)* has/have* been continuously resident

in the United Kingdom for the six months prior to export;

OR*

(ii) the animal(s)* has/have* been resident in the following countries during the six months prior to export from the United Kingdom:

- c) no outbreak of rabies (other than those due to European Bat Lyssavirus EBL 1 or EBL 2 or in quarantine) has occurred during the past 6 months in the United Kingdom; and [if paragraph IV (b)(ii) is certified] in the countries of residence mentioned in paragraph IV (b)(ii);
- d) \star only in the case of a dog

the animal(s)* has/have* been treated by a veterinarian with a licensed product effective against tapeworms, including Echinococcus multilocuralis, between 24 hours and 120 hours (1-5 days) prior to export;

Date of treatment:

Name of product:

Dosage:

e) the animal(s)* has/have* been treated for internal and external parasites, including Dirofilaria immitis, by a veterinarian not more than ten (10) days prior to export;

For internal parasites:

Date of treatment:

Name of product:

Dosage:

APPLICATION ONLY NOT TO BE CERTIFIED

For external parasites:

Date of treatment:
Name of product:

Dosage:



as far as can be determined and in accordance with a written declaration from the owner, the animal(s)* has/have* been vaccinated as follows during the three (3) years prior to export:

Microchip number	Disease	Name of vaccine	Batch number	Date of vaccination
7.0				
U 1				

- f) a written declaration has been received from the owner/exporter* stating that the animal(s)* will be shipped in a container which conforms to IATA regulations, and which is either new or has been suitably disinfected and fumigated before loading and is of such a nature that contact with other animals of a lesser health status en route will be prevented.
- * Delete as appropriate
- V. This certificate is valid for 7 days

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