## APPLICATION ONLY NOT TO BE CERTIFIED



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

#### WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

|                       |                |            |           | No:        |         |
|-----------------------|----------------|------------|-----------|------------|---------|
| EXPORT OF CATS AND DO | OGS FROM GREAT | BRITAIN TO | THE TURKS | AND CAICOS | ISLANDS |
| HEALTH CERTIFICATE    |                |            |           |            |         |
| EXPORTING COUNTRY:    | UNITE          | D KINGDOM  |           |            |         |

CERTIFYING VETERINARIAN OFFICIAL VETERINARIAN

Number and identification of the animals

| Microchip Number and<br>any distinguishing<br>marks including<br>tattoo | Date of<br>application of<br>Microchip/<br>Tattoo | Breed | Sex | Age/Date of<br>Birth |
|---|---|-------|-----|----------------------|
|   |   | 4     |     |                      |
|   |   |       | ٥,  |                      |
|   |   | •     | 1   |                      |

#### II. Origin of the animals

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

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#### III. Destination of the animals

(a) Name and address of importer:



(b) Premises of destination:

Means of transportation:
(REGISTRATION NO OF VEHICLE/FLIGHT NO OF AIRCRAFT/NAME OF SHIP)

### IV. Health Information

- (a) on , being not more than 72 hours prior to the date of export, I examined the said animal/animals\* and found it/them\* to be free from signs of infectious or contagious disease and, fit to travel;
- (b) (i) the animal(s) was/were\* treated for internal parasites no more than 14 days prior to shipment as detailed;

| Name of<br>product | Active<br>Ingredient | Dose Type and time of administration | Date of administration |
|--------------------|----------------------|--------------------------------------|------------------------|
|                    |                      |                                      |                        |
|                    |                      | <b>N</b> .                           |                        |
|                    |                      |                                      |                        |
|                    |                      |                                      |                        |

(ii) the animal(s)\* was/were\* treated for external parasites no more than 14 days prior to shipment as detailed;

| Name of product | Active<br>Ingredient | Dose | Type and time of administration | Date of administration |
|-----------------|----------------------|------|---------------------------------|------------------------|
|                 |                      |      |                                 |                        |
|                 |                      |      |                                 |                        |
|                 |                      |      |                                 |                        |
|                 |                      |      |                                 |                        |

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| FOR DOGS ONLY             | VACCINE | MANUFACTURER | BATCH NO | DATE OF<br>VACCINATION |
|---------------------------|---------|--------------|----------|------------------------|
| Canine Distemper          |         |              |          |                        |
| Canine Viral<br>Hepatitis |         |              |          |                        |
| Canine Parvovirus         |         |              |          |                        |
| Leptospirosis             |         |              |          |                        |
| Para Influenza            |         |              |          |                        |
| Adenovirus                |         |              |          |                        |

| FOR CATS ONLY             | VACCINE | MANUFACTURER | BATCH NO | DATE OF<br>VACCINATION |
|---------------------------|---------|--------------|----------|------------------------|
| Feline Leukemia           |         |              |          |                        |
| Feline<br>Rhinotracheitis |         |              |          |                        |
| Panleukopenia             |         |              |          |                        |
| Feline Calicivirus        |         | <b>4</b>     |          |                        |

- the United Kingdom is officially free of rabies according to the rules of the World Organisation for Animal Health (OIE), Terrestrial Animal Health Code; no case of terrestrial rabies (d) has occurred outside quarantine in the United Kingdom during the past 24 months;
- a declaration has been received from the exporter the animal(s)  $\star$  has/have $\star$  been continuously resid (e) United Kingdom for at least 6 months prior to the date of export;
- (f) after clinical inspection and on the basis of a writ 0 declaration from the exporter, I am satisfied the animal(s has/have\* been spayed/neutered\*;
- Delete as applicable

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**V.** This health certificate is valid for a period of 30 days from the date of signature.

| Stamp |                       |
|-------|-----------------------|
| (2)   | SignedRCVS            |
| • 5   | Name in block letters |
| Date  | Address               |
| ×     |                       |
|       |                       |