

APPLICATION ONLY NOT TO BE CERTIFIED



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

No:

EXPORT OF CHINCHILLAS FROM GREAT BRITAIN TO NEW ZEALAND

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animal(s)*

Tag/Tattoo Number	Species/Breed	Sex	Age

II. Origin of the animal(s)*

a) Name and address of exporter:

b) Address of premises of origin:

III. Destination of the animal(s)*

a) Address of premises of destination:

*Delete as applicable

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b) Name and address of consignee:

c) Means of transport:

IV. Health information

I, the undersigned, certify that the animal(s)* described above meets the following requirements:

- (a) on _____ (date), being not more than 48 hours prior to export, I examined the said animal(s)* and found it/them* to be free from clinical signs of infectious or contagious disease including external parasites and skin disease, and in my opinion, fit to travel;
- (b) in so far as can be determined and after due enquiry, there has been no clinical evidence of Yersiniosis (pseudo tuberculosis), lymphocytic chorio-meningitis (LCM) and giardiasis on the premises of origin within the past 6 months;
- (c) on _____ (date), being not more than 48 hours prior to the date of export, the said animal(s)* was/were* treated for ectoparasites including ticks and fleas and lice using _____, an approved insecticidal dusting powder/spray/wash*;
- (d) on _____ (date), being not more than 48 hours prior to the date of export all other chinchilla(s) on the premises of origin were inspected and found to be free from clinical signs of infectious or contagious disease;
- (e) a written declaration has been received from the owner/exporter* stating that:
- (i) the said animal(s)* was/were* born and reared in captivity at the premises of origin at II(b);
- (ii) the premises of origin of the said animal(s)* has been free from any evidence of the following diseases during the past 6 months:
- LCM (lymphocytic choriomeningitis) virus disease
enzootic pneumonia
coccidiosis
tularaemia
rabies
pseudomoniasis
listeriosis
pasteurellosis
tuberculosis
sylvatic plague
pseudotuberculosis
giardiasis

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(f) after due enquiry I have no reason to doubt the declaration of the owner/exporter*.

*Delete as applicable

v. This certificate is valid for 10 (ten) days from the date of signature.

Stamp

SignedRCVS

.....
(Name in block letters)

Official Veterinarian

Date

Address

Department for Environment, Food and Rural Affairs
1A Page Street
London
SW1P 4PQ