

- a) Name and address of exporter:
- b) Address of premises from which the animal(s) exported:

## III. Destination of the animals

a) Name and address of importer:

## APPLICATION ONLY NOT TO BE CERTIFIED

Import permit no (if applicable): C) τν Health Information I, the undersigned, certify that: a) (date), being not more than 72 on 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, and in my pinion is/are\* fit to travel; IN THE CASE OF DOG(S) ONLY dog(s) \* has/have\* been fully vaccinated against canine the infectious hepatitis, leptospirosis and canine mpei parvovi CAT(S) ONLY c) \* IN THE OF \* has/have\* been fully vaccinated against feline the said cat panleukopaenia; (date), the said animal(s) \* was/were\* d) on treated for internal parasites using (name of licensed medicinal product), in accordance with the Manufacturer's recommendation e) he said animal(s) \* was/were\* on g the insecticidal treated for external parasites preparation (name of licensed medicinal product), in accordance the Manufacturer's recommendations; no case of rabies other than those due to European Bat f) Lyssavirus (ELB1 or 2) has occurred within the United Kingdom during the past 6 months. Delete as applicable v. This certificate is valid for 10 days. Stamp Signed ... Name in block letters ..... Official Veterinarian Date ..... Address ..... 

h)