

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

WELSH GOVERNMENT

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DEPARIMENT	OF	AGRICULTURE,	ENVIRONMENI	AND	RURAL	AFFAIRS	_	NORTHERN	TKELAND

	·	
◆ EXPOR!	T OF PET FOOD TO THE PHILIPPINES	No:
•	H CERTIFICATE	
	TING COUNTRY: UNITED KINGDOM	
FOR S	IGNATURE BY: OFFICIAL VETERINARIAN	
I	Identification of product(s)	
(a)	Description of the products:	
(b)	Type and number of packages:	
(c)	Identification marks on packaging (e.g. lot/batch nu	mbers):
(d)	Net weight of consignment:	
(e)	Container number:	
(f)	Seal number:	
II	Origin of products	
(a)	Name, address and approval number of the processing	plant:

(b) Name and address of exporter:

III	estination of products						
(a)	ame and address of consignee:						
(b)	eans of transportation:						
IV	Health information						
	, the undersigned Official Veterinarian, certify that:						
(a)	he pet food was manufactured in an establishment approved and						
(4)	upervised by the competent authority;						
(b)	he meat and meat derivatives used in the manufacture of the pet foo ere obtained from slaughtered animals which did not show any signs	d					
	f disease communicable through the material to humans or aniamls;						
*(c)	n the case of canned pet food, the pet food has been subjected to						
	eat treatment to a minimum Fc value of 3;						
*(d)	n the case of processed pet food other than canned pet food:						
"(u)	in the case of processed pet 1000 other than canned pet 1000.						
	i) the pet food has been manufactured using ingredients of animal						
	origin which have been subjected to a treatment equivalent to heat treatment of at least 90°C throughout their substance;	a					
	heat treatment of at least 90°C throughout their substance,						
	ii) the production process has been tested, with satisfactory						
	results, for the presence of salmonellae and						
	enterobacteriaceae;						
(e)	ll reasonable precautions have been taken to avoid contamination by						
	athogenic agents after processing.						

Signed:....

block letters:....

Official Veterinarian

Name in

Address:

* Delete as appropriate

Stamp:

Date: