



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT - RURAL DIRECTORATE
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No:

EXPORT OF DAIRY/EGG/GELATIN-BASED PRODUCTS TO TURKEY

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. IDENTIFICATION OF THE CONSIGNMENT

- a) Product description (product name and commodity type):
- b) Type and number of packages:
- c) Net weight of consignment:
- d) Identification marks (serial numbers, batch numbers):
- e) Date of manufacture:
- f) Name and address of consignee:
- g) Name and address of destination:

II. ORIGIN/S OF PRODUCT AND PRODUCT COMPONENTS

Country/countries and species of origin of the raw milk/egg/gelatine from which each of the milk derived components of the product originated:

No.	PRODUCT DESCRIPTION AND ANIMAL INGREDIENT (DAIRY/EGG/GELATINE*)	COUNTRY OF ORIGIN OF THE INGREDIENT	SPECIES OF ORIGIN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

*Any gelatine used must **not** be derived from a ruminant animal.

III. PROCESSING OF THE PRODUCTS

FOR COMPLETION BY THE OWNER/AGENT OF THE OWNER:

I, the undersigned, declare that the ingredients used in the product described at I. a) and II above, comply with the following requirements:

- a) *The egg/milk/gelatine contained in this product has been treated/processed as follows:

- b) Name, location and authorised approval/registration number of the establishment/s from which the raw milk/egg/gelatine was processed:

- c) Other required information:

d) Additional required information:

e) Name, address and authorised approval/registration number/s of the establishment/s where the products intended for export was processed:

f) Name and address of exporter:

g) This product is fit for human consumption.

Date:

Signed:.....

Exporter*/Agent*

Name in block capitals:

IV. FOR COMPLETION BY THE OFFICIAL VETERINARIAN

After due enquiry, I have no reason to doubt the validity of the owner's declarations at III. above.

Stamp:

Signed:RCVS

Name in block letters:.....

Official Veterinarian

Date:

Address:

.....
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