

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

| • | No: |
|--|-----|
| EXPORT OF FRUIT BATS FROM THE UNITED KINGDOM TO ISRAEL | |
| | |
| HEALTH CERTIFICATE | |
| EXPORTING COUNTRY: UNITED KINGDOM | |
| FOR COMPLETION DV. AREIGIAL WEEDINADIAN | |

Number and ider fication of the animals

| 50101 | ntific Name | | Sex | Age | Identification Marks |
|-------|--------------------|--|--|---|---|
| | | | | | |
| Origi | in of the animals | | 7 | | |
| a) | Name and address | s of consignor: | | | |
| b) | Address of prem | ises of origin: | | 1/6 | |
| Desti | ination of the ani | imals | | | 4x |
| a) | Name and addre | ess of consigne | ee: | | (0. |
| b) | Nature and iden | tification of me | ans of trans | portation: | 0 |
| | a) b) Dest: | b) Address of premote Destination of the analal Name and address | a) Name and address of consignor: b) Address of premises of origin: Destination of the animals a) Name and address of consigner | a) Name and address of consignor: b) Address of premises of origin: Destination of the animals a) Name and address of consignee: | a) Name and address of consignor: b) Address of premises of origin: Destination of the animals a) Name and address of consignee: |

II. Origin of the animals

- b) Address of premises of origin:

III. Destination of the animals

- a)
- b)

IV. Health information

| I. | the | undersigned | Official | Veterinarian | hereby | certify | that: |
|----|-----|-------------|----------|--------------|--------|---------|-------|

- a) the animal(s) was*/were* either:
 - i) *born and reared in the United Kingdom and have remained in a UK licenced zoo/wildlife park since birth;

OR

- ii) *remained in captivity in the premises of origin for at least the past 6 months under veterinary supervision;
- the animal(s) was*/were* isolated from all other animals not of the same health and residency status for 30 days prior to the scheduled date of dispatch, and the animal(s) and all in-contact animals were ree from clinical signs or symptoms of infectious and contagious diseases during this period;
 - animal(s) was*/were* vaccinated against rabies on (date)
 - d) was*/were* treated twice at an interval of 14 days against endoparasites and ectoparasites, using the following compound(s) according to the manufacturer's recommendations:

Endoparasites

Parasiticide(s)

Dose rate(s):

Dates of treatment:

Ectoparasites

Parasiticide(s):

Dose rate(s):

Dates of treatment:

- more than 48 hours prior e) on (date), being not to export, I examined the said animal(s) described paragraph I above and found them to be free from clinical signs of infectious or contagious disease and in my opinion fit to travel;
- the animal(s) described above have been treated before and of loading in accordance with the relevant provisions of t f) of Animals (Transport)Order(s) 2006.

*delete as applicable

| | Transport)Order(s) 2006. |
|------------------------|---|
| *delete as applicable | |
| V. This certificate is | s valid for 10 (ten) days from the date of signature. |
| Stamp | SignedRCVS |
| | Official Veterinarian (Name in block letters) |
| | Address |
| Date: | |