



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

NO:

EXPORT OF ALPACAS TO THE STATE OF QATAR

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and description of the animals

Identification	Breed	Sex	Age

II. Origin of the animals

(a) Name and address of exporter:

(b) Address of premises of origin:

III. Destination of the animals

(a) Place of loading:

(b) Name and address of consignee:

- (c) Means of transportation:
(railway wagon, lorry/truck, aircraft or boat/ship)

Registration number (for railway wagons and lorries/trucks), flight number (for aircraft) or registered name (for boats/ships):

- (d) Import Permit No.:

IV. Health Information

I, the undersigned, certify that the animals described above meet the following requirements:

- (a) on _____, being within 24 hours of export, I examined the said animals and found them to be healthy, free from clinical signs of infectious or contagious disease, free of external parasites, and fit to travel;
- (b) they have been kept at the premises mentioned at II (b) for at least the past 30 days, isolated from ungulates not similarly certified;
- (c) on _____, being within 30 days prior to export, blood samples were taken from the said animals and sent to a government approved laboratory, where they were submitted to the *serum agglutination test *or complement fixation test *or enzyme linked immunosorbent assay for brucellosis, with negative results in the case of each and every animal in the isolated group;
- (d) on _____, being within 30 days prior to export, they were subjected to a comparative intradermal test for tuberculosis with avian and mammalian PPD tuberculins, with negative results;
- (e) in respect of bluetongue virus (BTV), the said animals:
- * (i) were kept in a BTV free country or zone for at least 28 days, then were subjected, with negative results, to a serological test to detect antibody to the BTV group according to the OIE Terrestrial Manual, and remained in the BTV free country or zone until shipment; OR
 - * (ii) were kept in a BTV free country or zone for at least 7 days, then were subjected, with negative results, to an agent identification test according to the OIE Terrestrial Manual, and remained in the BTV free country or zone until shipment; OR
 - * (iii) were protected from attack from *Culicoides* likely to be competent BTV vectors for at least 28 days prior to shipment, and were subjected during that period to a serological test carried out according to the OIE Terrestrial Manual to detect antibody to the BTV group, with negative results, carried out at least 28 days after introduction into the premises mentioned at II (b); OR
 - * (iv) were protected from attack from *Culicoides* likely to be competent BTV vectors for at least 14 days prior to shipment, and were subjected during that period to an agent identification test carried out according to the OIE Terrestrial Manual with negative results, carried out at least 14 days after introduction into the premises mentioned at II (b); OR

* (v) are immune, and during the minimum 30 day period they were kept at the premises mentioned at II (b), they were subjected to a serological test carried out according to the OIE Terrestrial Manual to detect antibody to the BTV group, with positive results, AND an agent identification test carried out according to the OIE Terrestrial Manual, with negative results, both tests being carried out at least 28 days after introduction into the premises mentioned at II (b);

(f) the United Kingdom is free from Foot and Mouth Disease and Peste de Petits Ruminants (PPR) in accordance with the OIE Terrestrial Animal Health Code;

(g) a declaration has been received from the exporter stating that the said animals will be transported direct from the premises of origin to the port or airport of shipment in vehicles cleansed and disinfected with an approved disinfectant and without coming into contact with animals other than those similarly certified.

* delete as appropriate

Stamp

Signed:RCVS

Name in block letters:

Official Veterinarian

Address:

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Date: