



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN IRELAND

No: .....

FOR THE TEMPORARY EXPORT OF HORSES FOR COMPETITION TO THE KINGDOM OF SAUDI ARABIA FROM THE UNITED KINGDOM

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Sex	Age

- a) Microchip Number:
- b) Microchip Site:
- c) Horse Passport Number:
- d) Validated by Defra APHA\*/Or Other Country's Competent Authority\*

A full description using the sketch on page 5 should be completed. Whorls on head and neck should be described in the narrative and indicated by a small cross (x).

II. Origin and destination of the horse

a) Name and address of consignor:

b) Name and address of consignee:

c) Place of Embarkation:

d) Means of transport (\*Lorry/\*Aircraft/\*Ship):

e) Transport identification (registration marks, flight number or registered name as appropriate):

### III. HEALTH INFORMATION

I, the undersigned, certify that the horse described above meets the following requirements:

a) It has been resident in the UK where the following diseases are compulsorily notifiable: African Horse Sickness, Dourine, Glanders, Equine Encephalomyelitis (of all types including VEE), Equine Infectious Anaemia, Vesicular Stomatitis, Rabies, Anthrax.

b) It has been examined today on the day of loading\* or on the last working day before loading\* and shows no clinical signs of infectious or contagious disease and is free from external parasites and is fit to travel.

c) It is not intended for slaughter under a national programme of infectious or contagious disease eradication.

d)

i) After due enquiry and based on the declaration of the owner or his representative, the horse has been resident during 40 days immediately preceding the despatch, in the country of origin and/or an approved third country. While in an approved third country the horse was held in isolation from other horses not of the same health status except during official competition. Approved countries are: United Kingdom, European Union, United States of America, Bahrain, Oman, Qatar, United Arab Emirates, Korea and Japan.

ii) During the 30 days immediately preceding the despatch, the horse had been resident on holdings under veterinary supervision.

e) The horse is despatched from the United Kingdom where:

i) Dourine has not been reported during the last 6 months prior to despatch.

ii) Glanders has not been reported during the 6 months prior to despatch.

iii) African Horse Sickness has not been reported during the last 2 years and vaccination has not been carried out during the 12 months prior to despatch.

iv) Venezuelan Equine Encephalomyelitis has not been reported during the last 2 years and vaccination has not been carried out during the 12 months prior to despatch.

f) It does not come from a holding which was subject to prohibition for animal health reasons nor had any contact with Equidae from holdings which were subject to prohibition for animal health reasons for the indicated period prior to despatch of the above described horse:

i) During 6 months in the case of Vesicular Stomatitis.

ii) During 6 months in the case of Equine Encephalomyelitis, beginning on the date the horse suffering from the disease was euthanized.

iii) In the case of Equine Infectious Anaemia, until the date on which the infected animals were euthanized, the remaining animals have shown a negative reaction to AGID tests carried out on 2 samples taken 3 months apart.

iv) During one month from the last recorded case in the case of Rabies.

v) During 15 days from the last recorded case, in case of Anthrax.

OR: If all the animals were euthanized and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of Anthrax, where the period of prohibition is 15 days.

g) EITHER\*

i) the UK / region of the UK has been free from African Horse Sickness for the last two years and no vaccination against AHS has been practiced for the last 12 months,

OR\*

ii) it is an officially recognised AHS Free Country in accordance with OIE definitions.

AND

iii) The horse has not been on any premises where AHS has occurred in the past 60 days.

h) EITHER\*

i) it was not vaccinated against African Horse Sickness,

OR\*

ii) It was vaccinated against African Horse Sickness on (date).

i) To the best of my knowledge, the horse has not been in contact with any other equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration.

j) It was subject to the following blood tests:

i) AGID test for Equine Infectious Anaemia carried out on a sample taken on (date), this being within 30 days prior to despatch, with negative result.

ii) A complement fixation test for Dourine carried out on a sample taken on (date, this being within 30 days prior to despatch, with negative results at a serum dilution of 1 in 5.

iii) A complement fixation test for Glanders carried out on a sample taken on (date), this being within 30 days prior to despatch with negative result at a serum dilution of 1 in 5.





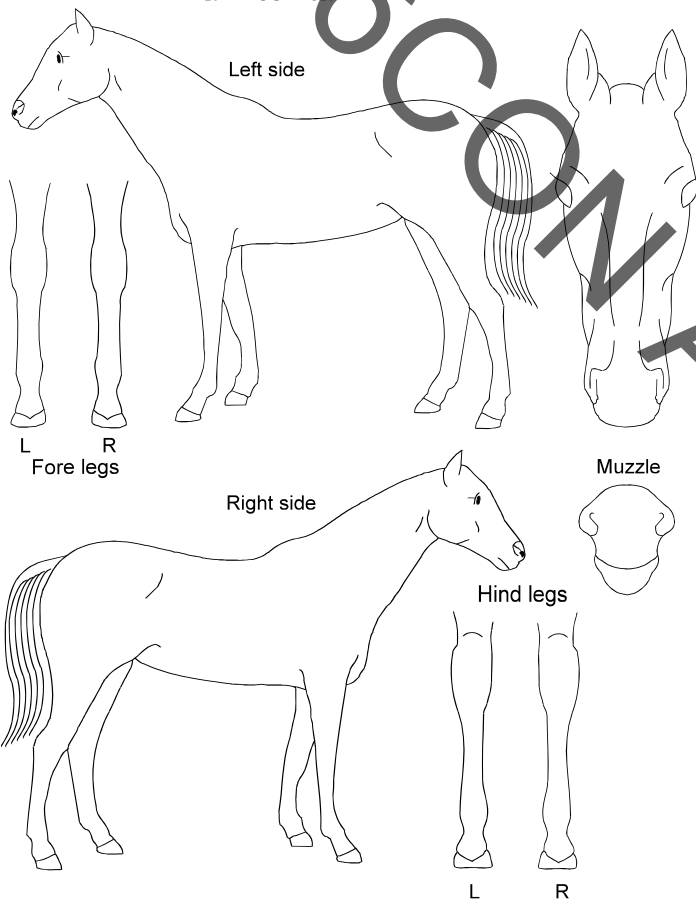
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INSTRUCTIONS



EITHER complete silhouette and description OR enter number of passport/ identification certificate

- White markings to be shown in red.
- Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow ( → ).
- Whorls should be marked with a cross(X).
- Stars or blazes on the face and any other marking to be drawn in on the diagrams showing position and shape as accurately as possible.
- Please ensure that the diagram and the written description agree.
- If no markings, this fact should be stated.

OV Stamp

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Date

Name	Breed	Colour	Age	Sex
<b>Head/Neck</b>				
<b>Limbs</b> LF				
RF				
LH				
RH				
<b>Body</b>				
<b>Acquired marks</b> (scars, tattoos etc )				

The horse certified on this health certificate is as described in horse passport/identification certificate number:

Signature:.....RCVS OFFICIAL VETERINARIAN

.....NAME IN BLOCK CAPITALS

**DECLARATION THE OWNER OR REPRESENTATIVE**

I, the undersigned,.....(*insert name in block letters*) being the owner or representative of the horse identified in Part I of this certificate declare that:

- a) The vehicle or container for transport of the horse from the premises of despatch to the premises of destination was thoroughly cleaned and disinfected with an officially approved disinfectant and was treated with an officially approved insecticide immediately prior to the loading of the animal.
- b) The horse will be sent directly from the premises of despatch and during the transportation, the horse will have no contact with animals not accompanied by the same certificate.
- c) The horse has been resident in the country of origin continuously for a period of at least 40 days immediately prior to despatch to the Kingdom of Saudi Arabia, or in an approved third country, and during this period has not been used for breeding. While in the approved third country the horse was held in isolation apart from horses not of the same health status except during official competition or racing. Approved countries are: United Kingdom, European Union, United States of America, Bahrain, Oman, Qatar, United Arab Emirates, Korea and Japan.

Signature .....

Address:.....  
.....  
.....

Date:.....

