



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 ELEPHANTS, HIPPOPOTAMI, RHINOCEROSES AND TAPIRS TO THE  
UNITED STATES OF AMERICA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals  
(if necessary a separate schedule may be attached)

Identification	Species/Breed	Sex	Age

II. Origin of the animals

(a) Name and address of exporter:

(b) Address of premises of origin where the animals were  
examined:

**III. Destination of the animals**

- (a) Name and address of consignee:
  
- (b) Address of premises of destination [if different from **III. (a) ]:**
  
- (c) Means of transport:

**IV. Health Information**

I, the undersigned, certify that the animal(s) described above meet the following requirements:

- (a) on (date), being not more than 72 hours prior to loading for export I examined the said animal(s) and found them to be free from clinical signs or symptoms of infectious or contagious disease, including infestation with ectoparasites and in my opinion fit for the intended journey;
  
- (b) on (date), being at least 3 days but not more than 14 days prior to loading the said animal(s) were treated under my supervision for the removal of external parasites, by thoroughly wetting all external, parts of the animal by means of a sprayer, spray-dip or dip-vat, using the following licensed product:  
  
name of product:  
  
active ingredient:  
  
concentration used:
  
- (c) the said animal(s), after being treated as in paragraph IV (b) above, did not come into physical contact or share a pen or bedding with any other animals apart from those similarly treated for the same consignment to the USA;

No: .....

(d) I have received a written declaration from the owner/exporter that the crates and vehicles for transport will be thoroughly cleansed and disinfected with a DEFRA approved disinfectant prior to loading.

V. This certificate is valid for 10 (ten) days from the date of signature.

Stamp Signed .....RCVS

.....

(Name in block letters)

Official Veterinarian

Date ..... Address .....

.....

This is to certify that the above health certificate has been issued by

..... who holds the appointment of Official Veterinarian.

Stamp .....

Whole-time Veterinary Officer of the Department

Address .....

.....

Date ..... .....

Department for Environment, Food and Rural Affairs  
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London SW1P 4PQ