



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

No:

EXPORT OF DOGS AND CATS OVER THREE MONTHS OLD FROM THE UNITED
KINGDOM TO NORTHERN CYPRUS

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING
VETERINARIAN: OFFICIAL VETERINARIAN

I. Number and identification of the animals

Identification and any distinguishing marks	Breed	Sex	Age

II. Origin of the animal

a) Name and address of exporter:

b) Address of premises of origin:

c) Name and address of importer:

d) Premises of destination:

e) Import permit no.

III. Health Information

I, the undersigned, certify that:

a) on _____ (date), being not more than 48 hours prior to the proposed date of export, the said animal was examined and found to be free from clinical signs of infectious or contagious disease and in my opinion is fit to travel;

b) on _____ (date), being not less than 30 days and not more than 12 months prior to the proposed export date of export, the said animal was vaccinated against **rabies** using a licensed product in accordance with manufacturer's instructions:

Name of vaccine: _____ ;

c) on _____ (date), being not less than 14 days after the last rabies vaccination date, a blood sample was taken from the said animal and submitted to an EU recognised **rabies** blood testing laboratory, where it was found to have a rabies titre equal to or greater than 0.5 i.u./ml.

d) * **ONLY IN THE CASE OF A DOG:**

the said animal was vaccinated against **parvo, distemper, hepatitis** and **leptospira** in accordance with the manufacturers recommendations;

Name of vaccination: _____

Date of last vaccination: _____

e) * **ONLY IN THE CASE OF A CAT:**

the said animal was vaccinated against **feline enteritis** and **feline influenza** in accordance with the manufacturers recommendation;

Name of vaccination: _____

Date of last vaccination: _____

* Delete as appropriate

IV. This certificate is valid for 10 days.

Stamp	Signed	MRCVS
	Name in block letters	
	Official Veterinarian	
	Address	
	
Date		