



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

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No: .....

EXPORT OF AMUR LEOPARDS FROM UNITED KINGDOM TO THE STATE OF TENNESSEE,  
UNITED STATES OF AMERICA

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Permanent Identification Microchip Number and location	Scientific name	Species/Breed	Sex	Age	Weight

II. Origin of the animal

(a) Name and address of exporter:

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

III. Destination of the animal

(a) Name and address of consignee:

(b) Address of premises of destination:

- (c) Means of transport:  
(flight number or name of ship)import permit number:

**IV. Health Information**

I, the undersigned Official Veterinarian, hereby certify that the animal described above meets the following requirements:

- (a) on.....(date), being not more than 72 hours prior to loading for export I examined the said animal and found it to be free from clinical signs or symptoms of infectious or contagious disease, including infestations of ectoparasites and in my opinion fit for intended journey.
- (b) on.....(date), being at least 72 hours, but not more than 14 days, prior to loading of the said animal was treated under my supervision for the removal of external parasites using the following licensed product:  
  - name of product:.....
  - active ingredient:.....
  - concentration used (if applicable).....
- (c) 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.
- (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 an approved disinfectant prior to loading.
- (e) The animal for export has an up-to date history of vaccination against rabies, feline herpes virus(FVR), feline panleukopenia virus (FPLV) and feline calicivirus (FCV), a copy of which accompanies this certificate.
- (f) The animal has been subject to the following tests and a copy of the laboratory results accompany this certificate:
  - (i) Faecal endoparasite screening (two samples, five to seven days apart) with negative results.
  - (ii) Enteric pathogen culture from a rectal swab with normal results.
  - (iii) Heartworm antigen testing with negative results.

\* delete as applicable

No: .....

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

Stamp

Signed .....RCVS

.....  
(Name in block letters)

Official Veterinarian

Address .....

.....

Date .....

V1.8698EHC APPLICATION