

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

EXPORT OF BEARS FROM UNITED KINGDOM TO THE UNITED ARAB EMIRATES

## WELSH GOVERNMENT

DEPARTMENT	OF	AGRICULTURE,	ENVIRONMENT	AND	RURAL	<b>AFFAIRS</b>	_	NORTHERN	IRELAND
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No: .....

EXPORTING COUNTRY: UNITED KINGDOM	
FOR COMPLETION BY: OFFICIAL VETER	RINARIAN
PART I	
Consignor Name and Address	1.2 Certificate Number
1.3 Competent Authority of Exporti	ing Country: Defra/APHA
1.4 Consignee Name and Address	
1.5 ISO Code (country of origin)	1.6 Region/Establishment of origin
1.7 Importing country	1.8 Region/Establishment of destination
1.9 Place of origin (Name & Address)	
1.10 Departing Port/Airport/BIP	1.11 Date of Transport
1.12 Transport means by Sea/Air/Land* Vessel Name /Vehicle Registration	1.13 Entry Border Post
Flight Number*	1.14 CITES Permit Number

HEALTH CERTIFICATE

1.15 Commod		1.16 HS Code Commodity No. (if applicable)
1.17 Total	No. of animals	
1.18 Purpos	se of Export: Animal species	s for:
Trading/Bre	eding/Exhibition/Personal/S	Scientific experiment/Other*
1 21 Purpos	se of importation:	
	rt/Re-entry/Temporary entry*	•
1.22 Consid	nnment identification and Breed	
(b) Scientif	Fic Name	
(c) Age	Sex	
(d) Colour/	Markings	
(e) Microch	nip number and location	
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PART II		
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	and the life Common	-
		etent Authority hereby certifies re satisfy the following conditions:
(a)	establishment which is und	der government veterinary
	supervision.	$\sim$
(b)	The animal(s) have receive and external parasites 14-	ed preventative doses for internal -21 days prior to export.
(c)	The animal(s) have been vi	isually examined and show no
	clinical signs of contagion	ous or infectious diseases.
(d)	The animal(s) have receive	ed the following vaccinations:
	(i) Rabies (name of vaco	cine)
	on(dat	te).
	(ii) Leptospira (name of	vaccine)
	on(dat	te).
(e)	records detailing the vaccin the six months prior to	administered, the vaccination cinations the animal(s) were given export (detailing the name of the and vaccination dates) is attached

(f)	The animal(s) were tested for rabies antibodies (SNT) at least 21 days and not more than 12 months after the last rabies vaccination date with a level not less than (0.5IU/ml).	
* delete a	s applicable	
PART III (o	f 8719EHC)	
Official St	amp	
0	Name (in Block Letters) (MRCVS)	
	(Official Veterinarian) Address	
	Address	
Date:		
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