



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

No: .....

FOR THE RE-ENTRY OF REGISTERED HORSES, FOR RACING OR COMPETITION, INTO THE  
 SULTANATE OF OMAN AFTER TEMPORARY EXPORT FOR A PERIOD OF LESS THAN 30 DAYS

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

Name	Breed	Age	Sex	Passport number

A passport identifying the equine horse may be attached to this certificate provided that its number is stated

II. Origin and destination of the animal

- a) The horse is being exported from:
- b) The horse is being directly transported to:
- c) Means of transportation (including flight number or registered name as appropriate):
- d) Name and address of consignor:
- e) Name and address of consignee:

### III. Health Information

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

- a) It has come from a country where the following diseases are compulsorily notifiable: African Horse Sickness, Dourine, Glanders, Equine Encephalomyelites (of all types including VEE), Infectious Anaemia, Vesicular Stomatitis, Rabies, Anthrax.
- b) It has been examined today and shows no clinical sign of disease (3)
- c) It has not been outside the Sultanate of Oman for a continuous period of more than 30 days and was imported into the country of dispatch on (1) directly from the SULTANATE OF OMAN and, during the whole time it was in the country of dispatch, it has been resident on holdings under official veterinary supervision, accommodated in separated stables without coming into contact with equidae of lower health status except during racing or competition.
- d) It comes from the territory or in cases of official regionalisation according to EU legislation from a part of the territory of the territory of a third country in which:
  - i) Venezuelan Equine Encephalomyelitis has not occurred during the last two years:
  - ii) Dourine has not occurred during the last six months:
  - iii) Glanders has not occurred during the last six months:
- e) It does not come from the territory or from a part of the territory of a third country considered, in accordance with EU legislation, as infected with African Horse Sickness.
- f) It does not come from a holding which was subject to prohibition for animal health reasons nor had contact with equidae from a holding which was subject to prohibition for animal health reasons.
  - i) During six months in the case of Equine Encephalomyelitis, beginning on the date on which the equidae suffering from the disease are slaughtered.
  - ii) In the case of Infectious Anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart.
  - iii) During six months in the case of Vesicular Stomatitis.
  - iv) During one month from the last recorded case, in the case or Rabies.
  - v) During 15 days from the last recorded case, in the case of Anthrax.

If all the animals of species susceptible to the disease located on the holding have been slaughtered 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) To the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration.

### IV. Transport Vehicle in the UK

The horse will be sent in a vehicle cleansed and disinfected in advance within a disinfectant officially recognised in the country of dispatch and designed in a way that droppings, litter or fodder cannot escape during transportation.

The following declaration signed by the owner or representative (2) is part of the certificate.

\* delete as appropriate

- v. The certificate is valid for 10 days. In case of transport by ship the time is prolonged by the time of the voyage.

Stamp

Signed .....RCVS

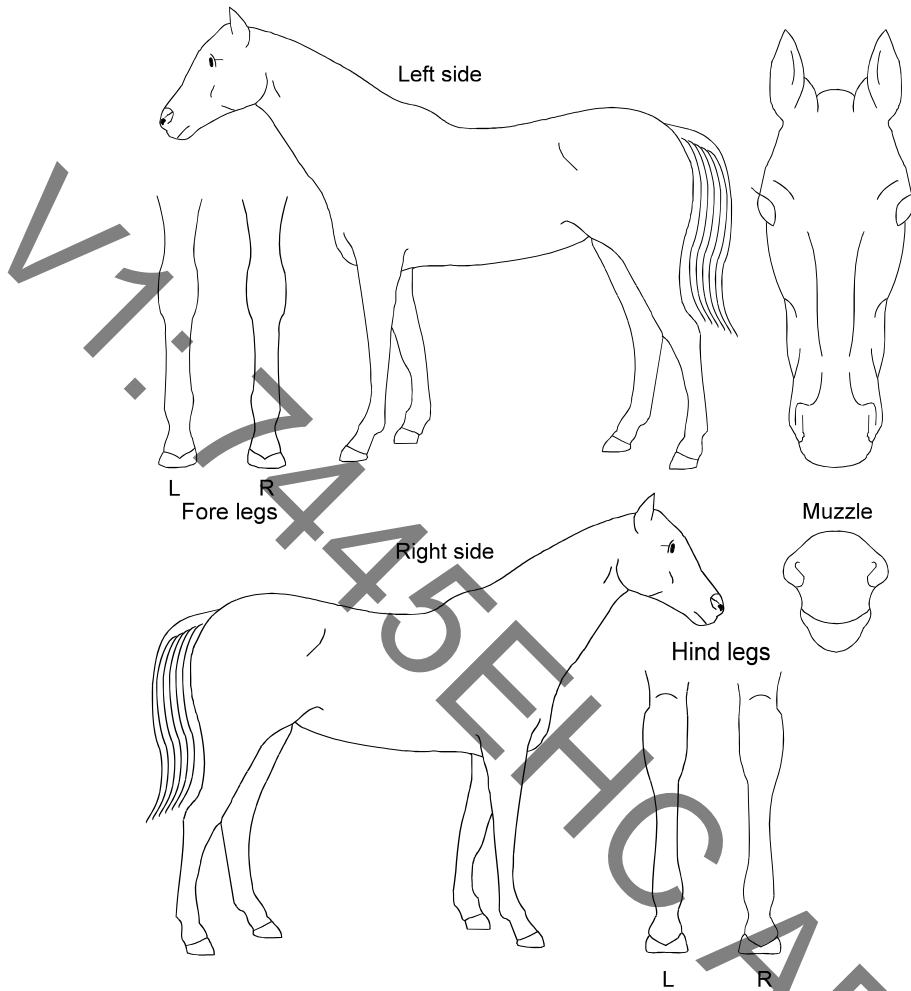
Name in block  
letters: .....

Official Veterinarian

Date .....

Address .....  
.....

V1.7445EHC APPLICATION



**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.

OFFICIAL VETERINARIAN Stamp
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 CAPITALS



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HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OWNER OR REPRESENTATIVE

I, the undersigned,

(Insert Name in block letters) (\*Owner/\*representative of the animal described above)

**Declare**

1. The horse will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equidae not of the same health status.
2. The conditions of paragraph (d) in Chapter III are fulfilled;
3. The horse was exported from the SULTANATE OF OMAN on\*\*

Place, date\*\*\*:

Signature\*\*\*:

\* Delete as appropriate.

\*\* Insert date.

\*\*\* This certificate must be issued on the day of loading of the horse for dispatch to the place of destination or on the last working day before embarkation.