



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

HEALTH CERTIFICATE FOR EXPORT OF STALLIONS/MALE HORSES FROM THE UNITED  
KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND TO THE UNITED STATES OF  
AMERICA

No: .....

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN AND NORTHERN IRELAND)

ISSUING COMPETENT AUTHORITY: <sup>(1)</sup> APHA (GB)/<sup>(1)</sup>DAERA (N. IRELAND)

FOR COMPLETION BY: OFFICIAL VETERINARIAN / WHOLE TIME VETERINARY OFFICIAL

2. UK region of provenance and competent authority:

2.1 Region: <sup>(1)</sup>Great Britain (England/Scotland/Wales) / <sup>(1)</sup>Northern Ireland:

2.2 Competent Authority: <sup>(1)</sup>Defra/SG/WG/<sup>(1)</sup>DAERA

I. Identification of the animal

Name	Breed	Age	Colour	Sex

A full description using the sketch on page 4 should be completed. Whorls on head and neck should be described in the narrative and indicated by a small cross (x).

II. Origin of the animal

a) Name and address of exporter:

b) Address of premises where the animal was examined:

c) Name and address of owner:

III. Destination of the animal

a) Name and address of consignee:

b) Means of transportation:

**IV. Health information**

I, the undersigned, certify that:

a) on (date), I examined the animal identified at paragraph I above and found it free from clinical signs or symptoms of infectious or contagious disease, and also free of ectoparasites;

b) I have received a declaration from the owner of the said animal stating that:

**EITHER** \*(i) the said animal has been continuously resident in ...  
(insert either Great Britain or Northern Ireland)  
during the past 60 days;

**OR** \*(ii) the said animal has also been resident in the following countries during the past 60 days, and support certification addressing the relevant requirements of this certificate has been obtained from the country of residence:

(country) (dates);  
(country) (dates);

c) so far as I can determine, the said animal has not been vaccinated with a live, attenuated or inactivated vaccine during the last 14 days;

d) so far as I can determine, the said animal has not been exposed to any infectious or contagious disease during the last 60 days;

e) **\*(NOT APPLICABLE FOR ALL GELDINGS AND ANY UNBRED ENTIRE MALES UNDER 731 DAYS OLD)**  
as far as I can determine, and after due enquiry, this animal has not been on any premises which is known to be infected with the contagious equine metritis organism, since sampling for CEM at paragraph IV g) was carried out;

f) **\*(NOT APPLICABLE FOR ALL GELDINGS AND ANY UNBRED ENTIRE MALES UNDER 731 DAYS OLD)**  
as far as I can ascertain, the said animal has not been used for natural breeding or for artificial insemination since the first collection of swabs for export purposes;

g) **\*\* (NOT APPLICABLE FOR GELDINGS)**

**EITHER**

**\*THE ANIMAL IS [\*OVER 731 DAYS OF AGE]/[\*UNDER 731 DAYS OF AGE AND HAS BEEN BRED], IN WHICH CASE:**

on (date), being within 30 days prior to shipment, and at (time), one set of swabs were taken from the prepuce, the urethral sinus, the distal urethra and the fossa glandis, including the diverticulum of the fossa glandis and these were submitted<sup>(2)</sup> to a bacteriological test for the contagious equine metritis organism at a laboratory approved by the Competent Authority of (insert either Great Britain or Northern Ireland), with a negative result in each case:

**OR**

**\*THE ANIMAL IS UNDER 731 DAYS OF AGE AND, AS FAR AS CAN BE DETERMINED, HAS NEVER BEEN BRED;**

No: .....

- h) in so far as I can determine, during the past 60 days there has been no case of ulcerative lymphangitis, equine piroplasmosis or surra on any premises where the said animal has been kept during this period;
- i) the said animal has not been on a premises where African horse sickness, dourine, glanders, epizootic lymphangitis, contagious equine metritis (CEM), equine infectious anaemia (EIA), Venezuelan equine encephalomyelitis (VEE) or vesicular stomatitis has occurred during the 60 days immediately preceding exportation nor have these diseases occurred on any adjoining premises during the same period of time;

Notes:

APHIS recognises separately the regions and the disease statuses of Great Britain and Northern Ireland as stipulated in the relevant section of the Federal Register (Vol. 86 No. 155).

\*Delete as applicable

\*\*Delete in the case of geldings

V. This certificate is valid for 10 days from the date of signature by the Official Veterinarian.

Stamp

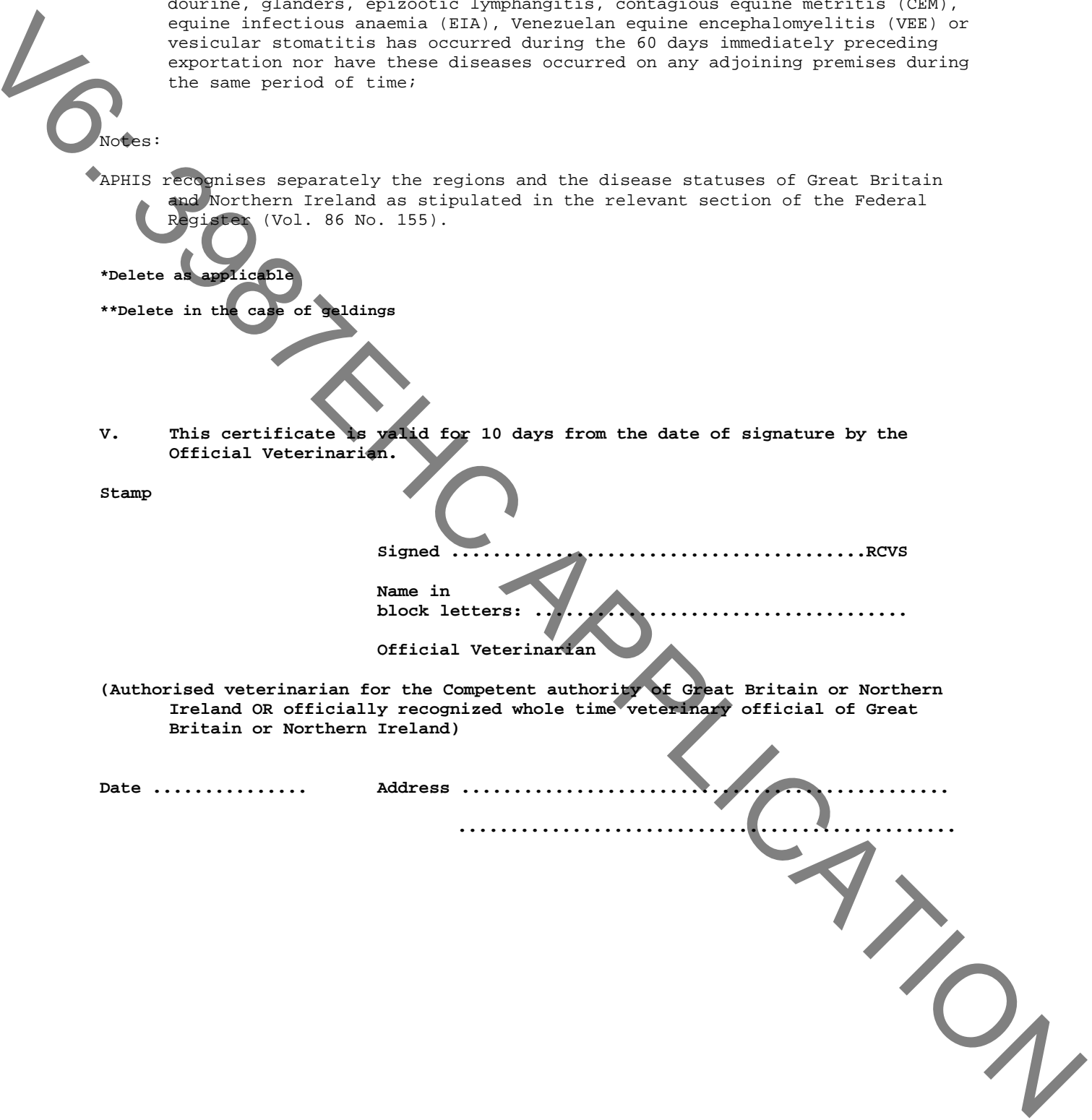
Signed .....RCVS

Name in block letters: .....

Official Veterinarian

(Authorised veterinarian for the Competent authority of Great Britain or Northern Ireland OR officially recognized whole time veterinary official of Great Britain or Northern Ireland)

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



VI. I, the undersigned, certify that:

a) **\*\* (NOT APPLICABLE FOR ALL GELDINGS AND ANY UNBRED ENTIRE MALES UNDER 731 DAYS OLD)**  
the CEM swabs referred to in paragraph IV g) have been sent to a laboratory/  
laboratories approved by the Competent Authority of  
(insert either Great Britain or Northern Ireland) to  
perform bacteriological tests for contagious equine metritis;

b) RCVS is <sup>(1)</sup> an Official  
Veterinarian of the Department for Environment, Food and Rural  
Affairs/Scottish Government/Welsh Government, or <sup>(1)</sup> an Authorised Veterinary  
Inspector (AVI) appointed by the Department of Agriculture, Environment and  
Rural Affairs (DAERA) in Northern Ireland, and is authorised to sign this  
certificate.

\*Delete as applicable  
\*\*Delete in the case of geldings

Stamp Signed .....RCVS

Name in  
block letters: .....

(1) Salaried Veterinary Officer of the Department for Environment, Food  
and Rural Affairs/Scottish Government/Welsh Government

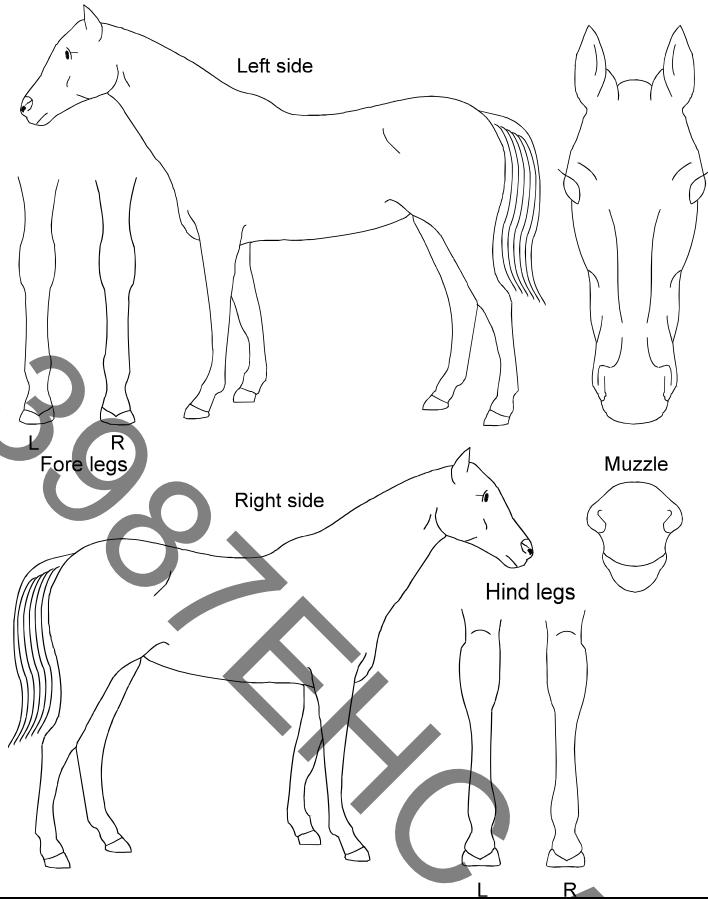
(1) Salaried Authorised Veterinary Inspector of the Department of  
Agriculture, Environment and Rural Affairs (DAERA) in Northern Ireland

Date .....

FOOTNOTES

(1)Delete as appropriate.  
(2)All swabs must be submitted to the same laboratory, and must arrive at the laboratory within 48 hours of sampling.

No: .....



**INSTRUCTIONS**

Kindly complete silhouette and description **AND** 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.

OV 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 BLOCK CAPITALS