



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

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN IRELAND

EXPORT OF DUCKS/GEESE TO CANADA

No: .....

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the birds

Leg/wing band number or microchip number and site of implantation OR Seal number(s) of the container	Common name of species	Colour, age and sex	Total number of each species

II. Origin of the birds

a) Name and address of exporter:

b) Name and address of owner:

c) Address of premises of origin:

**III. Destination of the birds**

a) Name and address of consignee in Canada:

b) Canadian import permit number:

c) Means of transportation:  
(direct flight only)

**IV. Health Information**

I, the undersigned official veterinarian, certify that the birds described above meet the following requirements:

a) the birds originate from the United Kingdom (or a zone within it) which has been officially free from **Newcastle disease (ND)** and they have been kept since hatching or for at least 21 days prior to shipment in the United Kingdom (or a zone or compartment within it) which has been officially free from **Notifiable Avian Influenza (NAI)**, according to the criteria of the World Organization for Animal Health (WOAH);

b) a written declaration has been received from the owner/exporter stating that:

i. **\*EITHER**

the said birds have been continually resident in the United Kingdom or the zone of origin during the 60 days preceding the date of shipment;

ii. **\*OR**

the said birds were hatched in, and have never been outside, the United Kingdom or the zone of origin;

c) I inspected the said birds within 24 hours of shipment and found them to be free from evidence of infectious or contagious diseases, including avian influenza and as far as can be determined, free from exposure thereto;

Date of inspection:

d) i. **\*EITHER**

the United Kingdom has an official surveillance plan for NAI in place that has been carried out in the establishment within the past 21 days;

ii. **\*OR**

a representative sample of the shipment (60 birds or the entire shipment if the total number of birds is less than 60) was subjected to a diagnostic test on cloacal swabs (PCR or VI) within the 21 days prior to shipment, with negative results, demonstrating freedom from infection with NAI.

Date of testing:

(Samples can be pooled to a maximum of 5 swabs per vial)

No: .....

- e) the said birds have not been vaccinated against avian influenza;
- f) i. \*EITHER the bird(s) for export are individually identified with the leg band/wing band/microchip number recorded in paragraph I. above;
- ii. \*OR the container(s) have been sealed with the numbers recorded in paragraph I. above."
- g) the flock(s) of origin of the birds has/have been inspected within 30 days prior to shipment and found to be free from clinical evidence of infectious or contagious diseases;

Date of inspection:

- h) the owner/exporter has been instructed to report any suspected illness or death(s) affecting a bird or birds in the flock(s) of origin between the date/time of the inspection and the date/time of shipment;
- j) in my opinion the said birds are fit to be transported without undue suffering by reason of infirmity, illness, injury, fatigue or other cause;
- k) I have received a written declaration from the owner/exporter that:
  - (i) the said birds will be transported in accordance with IATA Live Animal transport regulations;
  - (ii) suitable arrangements have been made for the feeding, watering and care of the birds during transport;
  - (iii) the said birds will be transported in containers which are new, unused and clean;
  - (iv) the said birds will not be allowed to contact any other birds or animals of a lesser health status prior to and during their journey to Canada.

\* Delete as applicable

V. This certificate is valid for 10 days.

OFFICIAL VETERINARIAN

Date ..... Signed .....RCVS

Stamp Name in block letters: .....

Official Veterinarian

Address .....  
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