



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

No: .....

FOR THE TEMPORARY EXPORT OF REGISTERED HORSES FROM UNITED KINGDOM TO QATAR FOR LESS THAN 30 DAYS

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the animal

a)

Name	Age	Colour	Breed	Sex	Passport No. & validated by

II. Origin of the animal

a) Name and address of consignor:

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) Address of destination of the animal:

c) Mode of transportation:

(directly to Qatar -by railway wagon/lorry/aircraft/ship)

#### IV. Health Information

I, the undersigned, certify that the horse described above meets the following requirements;

- (a) the horse comes from a country where the following diseases are compulsorily notifiable; African horse sickness, dourine, glanders, equine encephalomyelitis (of all types including VEE), equine infectious anaemia, vesicular stomatitis, rabies and anthrax.
- (b) the horse has been examined on the day of loading and shows no clinical signs of contagious or infectious disease and was found fit for transportation.
- (c) the horse is not intended for slaughter under a national programme of infectious or contagious disease eradication.
- (d) during last 40 days immediately preceding the exportation the horse has been resident on holdings which are under regular veterinary supervision.
- (e) the horse does not come from the territory or in cases of official regionalization according to UK legislation from a part of the territory of a third country in which:
- African horse sickness has occurred during the last two years and no vaccination against African horse sickness was conducted during the last 12 months.
  - Venezuelan equine encephalomyelitis has occurred during the last two years.
  - Dourine has occurred during the last six months.
  - Glanders has occurred during the last six months.
- (f) the horse does not come from a holding which was subject to prohibition for animal health reasons, nor had any contact with equidae from a holding which was subject to prohibition for animal health reasons;
- During six months in case of equine encephalomyelitis, beginning on the date on which equidae suffering from disease are slaughtered; or removed from holdings.
  - In the case of infectious anaemia, until the date on which, the infected animal having been slaughtered, the remaining animals have shown negative reaction to two Coggins tests carried out three months apart;
  - During six months in case of vesicular stomatitis
  - During one month from last recorded case, in case of rabies
  - During 15 days from last recorded case, in case of Anthrax. If all the animals of species susceptible to these diseases located have been slaughtered and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which animals were destroyed and premises disinfected, except in 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 within 40 days prior to this declaration.
- (h) it was subjected to the following blood tests within 30 days prior to export:
- A Coggins test for equine infectious anaemia on (date) with negative results.
  - A complement fixation test for Glanders on (date) with negative result.
  - A complement fixation test for dourine on (date) with negative result
  - An Elisa test for African horse sickness on (date) with negative reactions.
- (i) within 60 days prior to shipment but not within the last 14 days before shipment, the horse received

Either

\*A primary vaccination against influenza consisting of 2 vaccinations with a separation of min 21 days and max 42 days between the first and second shot

Date of vaccination 1<sup>st</sup>

2<sup>nd</sup>

Or

\*It received a booster shot after a previous certified course of primary vaccination plus refreshments within 1 year.

Date of booster vaccination

Batch No.	Vaccine type	Date	
			1st Primary Vaccination
			2nd Primary Vaccination
			Last Booster Vaccination

\*Delete as applicable

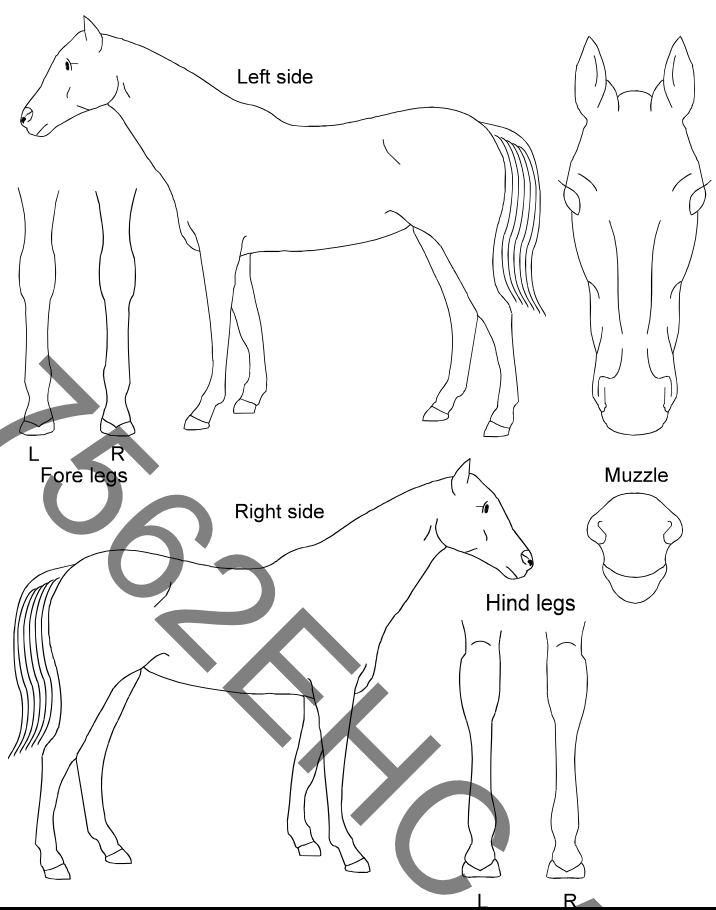
V. This certificate is valid for 10 days

Stamp Signed.....RCVS

Name in BLOCK letters:.....  
Official Veterinarian

Date: ..... Address: .....  
.....

NB: - Stamp and signature to be in ink of a colour not used in printing the certificate



**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