

# APPLICATION ONLY NOT TO BE CERTIFIED



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

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN IRELAND

No: .....

EXPORT OF DOGS/CATS FROM THE UNITED KINGDOM TO SINT MAARTEN

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM  
CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

## I. Number and identification of the \*dog/\*cat

Microchip Number	Name	Species & Breed	Sex	Age

Import permit number:

## II. Origin of the dog/cat\*

- a) Name and address of exporter:
- b) Address of premises of origin:
- c) Name of owner/responsible person:

## III. Destination of the dog/cat\*:

- a) Name and address of importer:
- b) Premises of destination:

# APPLICATION ONLY

## IV. Health Information:

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I, the undersigned, an official veterinarian of the United Kingdom, certify that:

a) on \_\_\_\_\_ (date), being within 7 days of export, I have examined the \*dog/\*cat and the \*dog/\*cat was found to be:

- Healthy and fit to travel;
- Free from external parasites;
- Free from clinical signs of infectious or contagious disease, including rabies.

b) the United Kingdom is free of **rabies** according to the rules of the World Organisation of Animal Health (OIE) Terrestrial Animal Health Code;

c) **Rabies vaccination:** The \*dog/\*cat has been vaccinated against rabies with a government approved inactivated virus vaccine or recombinant vaccine expressing the rabies virus glycoprotein:

(i) \*EITHER In the case of a primary vaccination, the vaccine was given not less than 21 days and not more than one year prior to the date of shipment, when the animal was at least three months old;

Date of vaccination:

Vaccine name:

Manufacturer and batch number:

(ii) \*OR If a booster vaccination, the vaccine was given not more than one year prior to the date of shipment;

Date of vaccination:

Vaccine name:

Manufacturer and batch number:

d) **External Parasite Treatment:** The \*dog/\*cat was treated within the 10 days prior to export with a topical product registered for the control of ticks and fleas at the manufacturer's recommended dose, as follows:

Treatment date:

Name of product(s) and manufacturer(s):

Name of active ingredient(s) and dose(s):

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e) **Internal Parasite Treatment:** The \*dog/\*cat was treated within the 10 days prior to export with a product (or combination of products) registered for the control of nematodes and cestodes at the manufacturer's recommended dose, as follows:

Treatment date:

Name of product(s) and manufacturer(s):

Name of active ingredient(s) and dose(s):

\* Delete as applicable

V. **This certificate is valid for 10 days.**

OV Stamp: Signed ..... RCVS

Name in block letters:

.....  
Official Veterinarian

Date.....

Address. ....  
.....