

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT WELSH GOVERNMENT DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND SCRAPIE AND TUBERCULOSIS SUPPORT CERTIFICATE TO FACILITATE CERTIFICATION OF EXPORT OF OVINE SEMEN AND EMBRYOS TO PARAGUAY No. OWNER / CENTRE OR TEAM VETERINARIAN, FOR COMPLETION BY: APHA/DAERA VETERINARIAN I. Information concerning the donor Official Official Date of Breed Registered Name birth identification identification of dam and sire of donor

II. Address of ho Table 1 - donor an	lding(s) nimal movement histor	ry	CAX
Holding of birth	Address of holding Please specify whether in Great Britain / Northern Ireland / other (e.g. EU country name)	Period of residence (dd/mm/yy to dd/mm/yy)	C/P/H (for Great Britain) or NI flock ID (for Northern Ireland)
Movement 1			

8753 / 8620 Scrapie Tuberculosis SPT (20/02/2025)

Movement 2		
Normant 2		
Movement 3		
Movement 4		
0		

## Date of movement into semen or embryo collection centre:

## Date of intended collection (if known):

Based on farm records and information available to me<sup>1</sup>, I declare that the parents of the donor animal named above currently reside or died at the holdings listed in Table 2 below.

## current / final holding Table 2- Donor's parents'

Donor's	Please	Address of Current or	Period of	C/P/H (for Great
parents	state if	Final Holding (if	residence	Britain) or NI
	the dam	deceased)	(dd/mm/yyyy to	flock ID (for
	or sire		dd/mm/yyyy)	Northern Ireland)
	of the	Please specify whether		
	donor	in Great Britain V		
	alive or	Northern Ireland /		
	dead	other (e.g. EU country		
		name)		
DAM of				
donor				
donor				
SIRE of				
donor				
ate:	• • • • • • • • • • • • •	Signatur	e:	
		Name of a	owner/veterinarian:	

Address: .....

## III. Veterinary Scrapie and Tuberculosis Declaration

 On the basis of official records, I certify that scrapie has not been confirmed on the holdings referred to in section II, during their period of residency in the holdings in question and in the last seven years;

The dam and sire of the donor identified in paragraph I has not been confirmed to have been affected by any Spongiform Encephalopathy;

iii) On the basis of official records, I certify that tuberculosis has not been confirmed in the holdings referred to in section II where the donor animal was resident in during the six (6) months prior to the collection of the semen/embryos for export or entry into centre if collection date is not known

\*iv) The last namedestablishment on the donors movement record above prior to movement into the embryo collection centre is not located in restriction zones for notifiable sheep diseases for which disease transmission may occur through embryos. This includes Foot and Mouth Disease, Brucellosis, Bluetongue, Contagious Caprine Pleuropneumonia, Rinderpest, Peste des Petits Ruminants, Sheep and Goat Pox and Rift Valley Fever.

\*For export of ovine embryos only. Delete if SPT is completed for ovine semen only.

Stamp

.i)

Signature
APHA/DAERA Veterinarian
Name
Address

Date .....

 $^{\rm 1}$  Information from breed society data may be used to provide further information about the donor's data and sire.