

00	CAPRINE SEMEN FROM THE UNITED KIN OSIS SUPPORT CERTIFICATE	GDOM TO THE KINGDOM OF MOROC
FOR COMPLETION BY:	OWNER OF DONOR/CENTRE VET AND APP	A/DAERA VETERINARIAN
I. Information condition Date of	Breed Registered	Official
birth	name	Identification
II. Movement histo	ory of the donor	
I declare that the a	bove donor was born and has since ally approved shows may be ignore Address of holding Please specify whether in	Period of residence C/P/H (dd/mm/yy to dd/mm/yy) Great
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III. Ve	terinary declaration - by APHA/DAERA veterinarian
I hereby	certify, on the basis of official records, the following:
a)	that scrapie has not been confirmed in the flocks/herds in which the donor animal was resident in, as mentioned in paragraph II above, for at least 7 years prior to movement;
C	that tuberculosis has not been confirmed on the flock/herds in which the donor animal was resident in, as mentioned in paragraph II above, for at least 3 prior to movement;
c)	that the flocks/herds referred to in paragraph II are officially brucellosis free and contagious epididymitis has not been confirmed prior to movement;
d)	contagious agalactia, contagious caprine pleuropneumonia and peste de petits ruminants have not been confirmed in the flocks/herds in which the donor animal was resident in, as mentioned in paragraph II above, in the last 12 months prior to movement;
e)	that the flocks/herds referred to in paragraph II where the donor animal was resident did not have confirmed cases of notifiable diseases relevant for sheep/goats in the last 6 months prior to movement. This includes: Anthrax, Rabies, Foot and Mouth Disease, Tuberculosis, Bluetongue, Epizootic Haemorrhagic Disease, Contagious Caprine Pleuropneumonia, Rinderpest, Contagious Agalactia, Peste des Petits Ruminants, Sheep and Goat Pox and Rift Valley Fever;
f)	that the semen collection centre is officially free of brucellosis and there have been no confirmed case of ovine epididymitis and tuberculosis in the last 3 years prior to movement.
Stamp	Signature:APHA/DAERA Veterinarian
	Name:

Date:....