

Owner's Declaration and Veterinary Support Certificate for the export of Bovine semen to Argentina (6203EHC)

August 2025



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# Department for Environment, Food and Rural Affairs Scottish Government Welsh Government Department of Agriculture, Environment and Rural Affairs

| *CPH number:                           |      |
|--|------|
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# **Owner's Declarations and Veterinary Support Certificate**

## Part I: For Completion by the Owner/Agent of the Owner

| 1. | Name of owner: (Block Capitals  | )  |
|----|---|----|
| 2. | Address of farm or organisation:  |    |
|    |   | ٠. |
|    |   |    |
|    |   |    |
| 3. | Address of holding of origin from which the bull(s) are to be moved:                    |    |
|    |   |    |
|    |   |    |
|    |   |    |
|    |   |    |
|    | Holding No. (CPH):  |    |
|    | 110ding 110. (01 11).   | •  |
| 4. | Address of the quarantine / bovine semen collection centre to which the bull(s) will be |    |
|    | moved:  |    |
|    | moved.  |    |
|    |   |    |
|    |   |    |
|    |   |    |

### Declarations by the \*Owner/ \*Keeper of the Animals

I, being the \*owner/ \*keeper of the bull(s) listed in the attached schedule, hereby declare that:

#### **Health Status of the Holding of Origin**

To the best of my knowledge and belief, the following diseases have not been clinically diagnosed or reported on the above holding of origin for the 90 days prior to entry into the semen collection centre:

- i) Mycobacterium bovis (TB)
- ii) Brucellosis (abortus / melitensis / suis)
- iii) Enzootic Bovine Leucosis (EBL)
- iv) Infectious Bovine Rhinotracheitis / Infectious Pustular vulvovaginitis (IBR/IPV)
- v) Bovine Viral Diarrhoea (BVD)
- vi) Campylobacter foetus ssp venerealis
- vii) Trichomonas foetus

| Signed                 | *Owner/ *Keeper |
|------------------------|-----------------|
| Name in block capitals |                 |
| Date                   |                 |

<sup>\*</sup>delete as appropriate

### **Part II: Veterinary Support Certificate**

| I,   |  | , the undersigned, certify that: |
|--|--|----------------------------------|
| to the best of my knowled<br>above are a true and corr                 | lge and belief, the owner's de<br>ect statement; | clarations at Part I paragraph   |
| <ol><li>I have no knowledge of,<br/>on the above holding, du</li></ol> |  | e diseases above being reported  |
| 3. This Veterinary Support C   | ertificate is valid for 48 hours.                |                                  |
| Stamp  | Signed:  | RCVS                             |
|  | Name in block letters:                           |                                  |
|  |  | Official Veterinarian            |
|  |  |                                  |
| Date:  |  |                                  |
|  | Fax No:  |                                  |
|  |  | Page of pages                    |

### **Schedule of Identification of Animals**

Part II: Identification of Animals

| Official individual identification | Breed | Age |
|------------------------------------|-------|-----|
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