

# 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 A CAT FROM UNITED KINGDOM TO MALDIVES

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

I. Number and identification of the animal

Identification and any distinguishing marks	Breed	Sex	Age

II. Origin of the animals

a) Name and address of exporter:

b) Address of premises of origin:

c) Name and address of importer:

d) Premises of destination:

e) Import permit no.:

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## III. Health Information

I, the undersigned, hereby certify that the animal described overleaf meets the following requirements:

- (a) The animal was examined within 72 hours of dispatch and found to be free from clinical signs of infectious or contagious disease, and is not showing any signs of deformity;
- (b) The animal is clinically free from Rabies, Feline leukemia virus, Feline immune deficiency virus, Chlamydomphila virus, Bordetella virus, Feline infectious peritonitis, Mycoplasma and ring worm;
- (c) The animal was vaccinated against Rabies not less than 30 days and not more than 12 months prior to the proposed date of export, as detailed below with a licensed vaccine for use in cats;

Disease	Name of product	Batch number	Expiry Date	Date of vaccination (in the case of primary vaccination give both dates)
Rabies				

- (d) The animal was vaccinated against Feline calicivirus, Feline viral rhinotracheitis and Feline panleukopenia, as detailed below using licensed products in accordance with the manufacturer instructions;

Disease	Name of product	Batch number	Expiry Date	Date of vaccination (in the case of primary vaccination give both dates)
Feline calicivirus				
Feline viral Rhinotracheitis				
Feline panleukopenia				

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(e) The animal was treated for internal and external parasites within no more than 1 month and no less than 14 days prior to expected arrival, as detailed below;

Name of product	Batch number	Expiry Date	Date of treatment

\* Delete as appropriate

IV. This certificate is valid for 10 days from the date of signature.

OV Stamp

Signed .....RCVS

Name in block  
letters: .....

Official Veterinarian

Date .....

Address .....  
.....