



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

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

Export Health Certificate No:

Import Permit No:

HORSES TEMPORARILY IMPORTED INTO HONG KONG SPECIAL ADMINISTRATIVE REGION OF THE
PEOPLE'S REPUBLIC OF CHINA FOR EQUESTRIAN COMPETITION - PART A

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I) IDENTIFICATION

Name	Colour	Sex	Age	Breed	Microchip number and/or tattoo	Passport Number	Issuing/Validating Authority

An identification silhouette or a valid identification document is available and arrangements have been made for such a document to accompany this horse.

II) ORIGIN, TRANSPORT AND DESTINATION

(a) Exporting country⁽²⁾: UNITED KINGDOM

Competent Authority⁽³⁾: DEFRA

(b) Name and address of consignor⁽⁴⁾:

(c) Address of premises where the horse was examined:

(d) By AIR/RAIL/ROAD/SEA*:

Indicate flight number, registration marks or registered name as appropriate

(e) In-transit accommodation* (name and address of premises and period held at the premises):

(f) Name and address of consignee:

III) MOVEMENT INFORMATION

I, (Signature), an Official Veterinarian authorised by the competent veterinary authority⁽³⁾ of the United Kingdom to certify horses for export, hereby declare that:

(a) The horse's Permanent/Usual Residency⁽⁵⁾ is in the following country:

(b) This horse has been temporarily imported into the country/countries/region(s) as listed below for equestrian competition or other purposes as approved by AFCD for the last 60 days since leaving the country where it has Permanent/Usual Residency⁽⁵⁾ according to the following sequence*:

i. Country:	Entry date:	Exit date:
ii. Country:	Entry date:	Exit date:
iii. Country:	Entry date:	Exit date:
iv. Country:	Entry date:	Exit date:
v. Country:	Entry date:	Exit date:

(c) All of the country/countries listed in SECTION III(a) & (b) are included in the list of Scheduled Countries⁽²⁾.

(d) I have read, certified as seen all certification (original certificates or certified copies⁽⁶⁾) issued for this horse on being exported from its country of permanent/usual residency and/or from the countries listed in SECTION III(b).

IV) RESIDENCY INFORMATION FOR THE 60 DAYS IMMEDIATELY PRECEDING EXPORT

(a) Based on the certification provided, during the entire period of stay in the country/countries listed in SECTION III(b) above, the horse has stayed in scheduled countries/places for equestrian events or for other purposes as stated in the sequence listed in ANNEX 1⁽⁷⁾.

(b) i. If the exporting country cannot be certified as being free of equine encephalomyelitis (all types) and screw worm, whilst the horse is temporarily resident there, then the horse must be held in mosquito and fly (vector) protected stables and treated with an effective vector repellent/insecticide on each occasion that it leaves the vector protected stables OR in the case of countries/region that cannot be certified as free of Western equine encephalomyelitis (WEE) and Eastern equine encephalomyelitis (EEE), the horses must be vaccinated against WEE and EEE with inactivated vaccine between 6 months and 30 days prior to export.

ii. During the 60 days prior to export to Hong Kong, all premises where the horse has been held were emptied, thoroughly cleansed and disinfected prior to the entry of the horse.

iii. During the 60 days prior to export to Hong Kong, the horse has only come into contact with horses of the exact same tested and certified health status. Contact with other horses is only permitted at the time of racing/competition.

V) HEALTH INFORMATION

(a) I have examined the horse identified in this certificate within 24 hours prior to departure from the stable of origin in the exporting country/region and found it to be free from clinical signs of infectious or contagious disease, free from external parasites and fit to travel.

(b) While in this country/region the horse has not been mated, either naturally or by artificial insemination, or been resident on horse breeding premises, during the past 60 days.

(c) The United Kingdom is either African Horse Sickness (AHS) free for the last

two years and no vaccination against AHS has been practised for the last 12 months, or it has an officially recognised AHS Free Zone⁽⁸⁾ from which the horse is exported. AHS is a notifiable disease in the United Kingdom. The horse has not been on any premises where AHS has occurred in the past 60 days and the horse has not been infected with AHS in the past 60 days.

(d) The United Kingdom has been free from Venezuelan equine encephalomyelitis and glanders for the last two years and the horse has not been vaccinated against Venezuelan equine encephalomyelitis in the past 60 days.

(e) **EITHER**

*during the 60 days immediately preceding export **FROM THE UNITED KINGDOM**

OR

*IF RESIDENT OUTSIDE THE UK DURING PART OF THE 60 DAY PERIOD, DURING THE ENTIRE 60 DAY PERIOD OF RESIDENCY **IN COUNTRY/COUNTRIES WHERE THE HORSE HAS HAD TEMPORARY RESIDENCY:**

the horse was continuously resident on holdings which did not have any cases of the diseases listed below and did not suffer from any of these diseases.

Anthrax**	Equine influenza	Scabies
Contagious equine metritis**	Equine piroplasmosis	St. Louis encephalitis
Dourine**	Equine viral arteritis	Strangles (<i>Streptococcus equi</i>)
Eastern equine encephalomyelitis**	Glanders**	Surra
Epizootic lymphangitis	Hendra virus infection	Venezuelan equine encephalomyelitis**
Equine ehrlichiosis	Horse mange	Vesicular stomatitis**
Equine encephalosis	Horse pox	Western equine encephalomyelitis**
Equine herpes virus (abortigenic and neurotropic) infection	Japanese encephalitis	
Equine infectious anaemia**	Nipah virus infection	

The diseases with a double asterisk (**) listed above are compulsorily notifiable in the United Kingdom.

VI) TESTING AND VACCINATION INFORMATION (9&10)

(a) Based on the certification and laboratory results provided:

- Blood samples have been taken from the horse within 14 days of export to Hong Kong.
- The following tests were performed with **negative** results (unless otherwise stated) in each case ⁽⁹⁾.

(b) No vaccines have been administered to the horse within 14 days of export to Hong Kong.

(c) The original or certified copies of all health certificates, laboratory tests and vaccination certificates (if vaccinations are recorded in the horse's passport a certified copy of the relevant pages of the passport is **still required**) from all countries listed in SECTION III(a) & SECTION III(b) have been endorsed and have **been attached** to this certificate ⁽⁹⁾.

(d) All sections below have been completed by inserting a tick in the appropriate box.

i.	African horse sickness	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country in which African horse sickness (AHS) has been reported in the last 2 years and in which vaccination against AHS has been practiced in the last 12 months. OR <input type="checkbox"/> The horse originates from an official AHS free zone ⁽⁸⁾ of a country, and an enzyme-linked immunosorbent assay (ELISA) test has been carried out on two samples of blood taken with an interval of between 21 and 30 days on _____ ⁽¹¹⁾ and _____ ⁽¹¹⁾ , the second of which must be taken within 14 days of export either with negative result if it has not been vaccinated or with no increase in antibody titre if it has been vaccinated.
ii.	Dourine	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country where dourine has been reported the last 12 months. OR <input type="checkbox"/> The complement fixation test (CFT) on _____ ⁽¹¹⁾ .
iii.	Equine influenza vaccination	During the 90 days immediately prior to export from the country where the horse has permanent or usual residency, it was administered: <input type="checkbox"/> A primary course of approved vaccinations against equine influenza comprising of at least 2 doses with an interval of 4 to 6 weeks or according to the terms of vaccine registration with the relevant government authority. OR <input type="checkbox"/> A booster vaccination against equine influenza which was given within 12 months of a primary course, or within 12 months of a booster vaccination where it, and any other previous booster vaccinations, had been administered annually within a regular 12-month period since the primary course (which consisted of at least 2 doses with an interval of 4 to 6 weeks or according to the terms of vaccine registration with the relevant government authority).
iv.	Equine influenza testing	<input type="checkbox"/> An RT-PCR for influenza A on a nasopharyngeal swab (NPS) collected on _____ ^(date) ⁽¹¹⁾ being not more than seven days prior to export. AND <input type="checkbox"/> The ESPLINE Influenza A and B-N kit manufactured by Fujirebio Inc. (or another test as approved by AFCD) on a NPS collected on _____ ^(date) ⁽¹¹⁾ being not more than three days prior to export.
v.	Equine infectious anaemia	<input type="checkbox"/> The immunodiffusion (Coggins) test on _____ ⁽¹¹⁾ .
vi.	Equine piroplasmosis	<input type="checkbox"/> The indirect fluorescent antibody test (IFAT)) for Theileria equi and Babesia caballi on _____ ⁽¹¹⁾ .
vii.	Hendra virus	<input type="checkbox"/> No case of Hendra virus infection has been reported in the United Kingdom in the last 2 years. OR <input type="checkbox"/> An ELISA test on _____ ⁽¹¹⁾ . If the ELISA test was positive then the horse was tested for Hendra virus with the VNT on _____ ⁽¹¹⁾ . <input type="checkbox"/>
viii.	Nipah virus	<input type="checkbox"/> No case of Nipah virus infection has been reported in the United Kingdom in the last 2 years. OR <input type="checkbox"/> An ELISA test on _____ ⁽¹¹⁾ . If the ELISA test was positive then the horse was tested for Nipah virus with the VNT on _____ ⁽¹¹⁾ .
ix.	Rabies	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country

		<p>where rabies has been reported the last 2 years.</p> <p>OR</p> <p><input type="checkbox"/> During the 60 days prior to export, the horse has not been exposed to rabies nor been on any premises with a case of rabies. The horse has either not been vaccinated against rabies or was vaccinated against rabies using an approved vaccine not less than 30 days and not more than 12 months prior to export.</p>
--	--	--

CONTINUED ON 8933CON

V1.8933EHC APPLICATION



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

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

Export Health Certificate No:

Import Permit No:

HORSES TEMPORARILY IMPORTED INTO HONG KONG SPECIAL ADMINISTRATIVE REGION OF THE PEOPLE'S REPUBLIC OF CHINA FOR EQUESTRIAN COMPETITION- PART B

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

VI) TESTING AND VACCINATION ^(9&10) CONTINUED

x.	Vesicular stomatitis	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country where vesicular stomatitis has been reported the last 2 years. OR <input type="checkbox"/> During the 60 days prior to export the horse has only been present on premises further than 50 kilometres from a reported case of vesicular stomatitis in the last 12 months. The horse was tested for vesicular stomatitis with the virus neutralisation test (VNT) or an antigen ELISA on _____ ⁽¹¹⁾ .
xi.	Western and Eastern equine encephalomyelitis	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country where Western and Eastern equine encephalomyelitis has been reported the last 2 years. OR <input type="checkbox"/> The horse was vaccinated against Western and Eastern equine encephalomyelitis with inactivated vaccine on _____ within 6 months to 30 days prior to export. OR <input type="checkbox"/> The horse was kept in AFCD approved vector proof facilities for 21 days prior to export.
xii.	Surra	<input type="checkbox"/> The horse has not, during the last 60 days, been in any country where surra has been reported the last 2 years. OR <input type="checkbox"/> The horse has been kept in vector protected facilities for 21 days prior to export and treated with an effective vector repellent/insecticide each time it left the facilities. A blood sample has been taken 7 days after the start of isolation on the _____ and tested using an antibody-detection ELISA and microhaematocrit centrifugation technique for surra.
xiii	Japanese encephalitis	As Japanese encephalitis is endemic in Hong Kong, importers are advised to vaccinate their horses prior to import.

(f) **Pregnancy:** The horse is not pregnant.

(g) **External parasite examination and treatment:**

- i. The horse was thoroughly examined for the presence of external parasites by either an Official Veterinarian or a designated veterinarian within 24 hours prior to departure from the stable of origin in the exporting country/region. A systematic approach was

undertaken with close examination of ears, false nostrils, under body areas (axilla, inguinal, under mandible), perineum, mane and tail.

No ticks were found.

OR

Ticks were found and all horses in the premises were immediately treated with a parasiticide effective against ticks. Subsequent re-inspection established that ticks were no longer present. The Hong Kong Government has been advised and has accepted the horse for temporary importation and the approval documentation is attached.

ii. The horse was treated with a broad spectrum parasiticide, licensed/registered for use on horses, capable of killing ticks and used according to the manufacturer's recommendations not more than three days prior to export.

VII) CERTIFICATION VALIDITY

This certificate is valid for 72 hours prior to export and until importation into Hong Kong. If a flight is delayed longer than 72 hours then re-certification is required.

Stamp

Signed RCVS

Name in block letters:

Official Veterinarian

Date Address

Other contact details in event of an emergency outside normal working hours:

VIII) TRANSPORT INFORMATION [This section is to be certified either by the same official veterinarian who has certified the foregoing section or by an authorised transportation agent]

- (a) The vehicle for the transport of the horse to the port of exit was thoroughly cleaned and disinfected with an officially approved disinfectant and was treated with an officially approved insecticide to my satisfaction immediately prior to the loading of the animal.
- (b) During the transportation, after due enquiry and to the best of my knowledge the horse will have no contact with animals not of the same certified health status.
- (c) Procedures are in place to ensure that the containers that the horses will be transported in and loading facilities will be thoroughly cleaned and disinfected prior to use.
- (d) The containers meet the design and species requirements recommendations of the International Air Transport Association.

Signature: _____

Date:

Name: _____

Capacity: _____ Company: _____

Address: _____

Tel. No.: _____

Fax: _____

Email: _____

IX) ACKNOWLEDGEMENT BY THE CONSIGNOR OR HIS AUTHORISED AGENT

I, _____ (name) hereby acknowledge the following:

- (a) In the event of the horse identified in SECTION I of this certificate, arriving in Hong Kong without the correct certification or in any other way not having met these requirements, the horse and any in-contact horse or equipment may be detained in isolation, exported at the importer's expense or destroyed and disposed of at the importer's expense.
- (b) The horse must remain in a government approved isolation premises, except during approved transport, training and competition until re-export.
- (c) The duration of stay in Hong Kong shall not exceed 30 days unless approved by the Government of HKSAR.
- (d) During isolation in Hong Kong the horse may be subjected to any testing or any treatment prescribed by the Government of HKSAR at the consignor's expense.
- (e) If the horse fails a test or shows signs of disease that horse and any in-contact horses may be, at the consignor's expense, detained in isolation for further testing and/or observation or exported or destroyed and disposed of without recompense.

Signature: _____

Date: _____

Capacity: _____

Company: _____

Address: _____

Tel. No.: _____

Fax: _____

Email: _____

Other contact details in event of an emergency outside normal working hours:

FOOTNOTES:

1. The language of the exporting/importing country(ies) may also be used providing that it appears below the English version on the same certification. In the event of any differences, the English version will prevail.
2. Scheduled countries for temporary import into Hong Kong for equestrian competition: Argentina, Australia, Austria, Belgium, Canada, Denmark, France, Germany, Italy, Japan, Kingdom of Bahrain, Kingdom of Saudi Arabia (King Abdulaziz Racecourse only), Republic of Korea, Peninsular Malaysia (currently suspended from transporting horses directly or indirectly to Hong Kong), Macao Special Administrative Region of People's Republic of China, New Zealand, the Netherlands, Norway, Qatar, the Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom (Great Britain & Northern Ireland) and the United States of America.
3. Competent Authority: The government authority of the exporting country which is responsible to issue official certification for the export of horses - it is Defra in the case of the UK.
4. The consignor or his authorised agent must complete the acknowledgement (SECTION IX/Annex B) and attach it to this certificate.
5. Permanent/Usual Residency: The horse has been continuously resident in the exporting country/region for at least 60 days (or since birth if the horse is less than 3 months old) prior to the date of export.
6. Certified copies may be photocopies of the original importation certification bearing the name, title, signature, date and official stamp of the official veterinarian issuing the onward certification. If copies of health certificates and/or laboratory reports are not available then the tests will be deemed to have not taken place and must be performed in the UK.
7. Country/region/place name to be inserted in ANNEX 1 prior to completion of this certificate. All details must be fully completed.

8. An official African horse sickness free zone of a country, territory or part of a territory as designated by AFCD.
9. All serological tests and vaccinations must be carried out in accordance with the latest version of the WOAH Manual of Standards for Diagnostic Tests and Vaccines if WOAH standards exist. The laboratory reports (or certified copies) for tests carried out must be attached to this certificate and officially endorsed by the certifying veterinarian. Proof of vaccinations must also be attached.
10. Blood samples must be sent to a laboratory approved by AFCD or the veterinary authority of the country in which the horse is resident.
11. Enter date the blood sample was collected.

V1.8933EHC APPLICATION

Horse Name: _____

Certificate No.: _____

Passport Number: _____

ANNEX I (1)

MOVEMENT INFORMATION OF THE HORSE DURING THE 60 DAYS PRIOR TO EXPORT TO HONG KONG

I hereby declare that during the stay in the corresponding country/region/place below and after due enquiry the horse had, as far as I can determine,

- (a) been held in premises, which have remained free from evidence of infectious or contagious disease;
- (b) only stayed in stable that was emptied, thoroughly cleansed and disinfected prior to the entry of the horse;
- (c) while in this country/region, the horse has not been mated, either naturally or by artificial insemination, or been resident on horse breeding premises for the last 60 days;
- (d) during the entire period in the exporting country/region where the horse has temporary residency: the horse was continuously resident on holdings which did not have any cases of the diseases listed below and did not suffer from any of these diseases: Anthrax, Contagious equine metritis, Dourine, Eastern equine encephalomyelitis, Epizootic lymphangitis, Equine ehrlichiosis, Equine influenza, Equine piroplasmosis, Equine viral arteritis, Glanders, Hendra virus infection, Horse mange, Scabies, St. Louis encephalitis, Strangles, Surra, Venezuelan equine encephalomyelitis, Vesicular stomatitis, Equine encephalosis, Equine herpes virus, Equine infectious anaemia, Horse pox, Japanese encephalitis, Nipah virus infection, Western equine encephalomyelitis;
- (e) not come into contact with horses of a lower health status, other than when competing in official FEI equestrian events.

1	Country/Region:	Entry date:	Exit date:	Stamp:
Address of residency / Street & No. _____				
Address of residency / Town& Zipcode _____				
Purpose of residency : (tick the applicable box)	Home	Training	Competition	Layover / Travel
Signature:				Date: _____
Name of the veterinarian:				

2	Country/Region:	Entry date:	Exit date:	Stamp:
Address of residency / Street & No. _____				
Address of residency / Town& Zipcode _____				
Purpose of residency : (tick the applicable box)	Home	Training	Competition	Layover / Travel
Signature:				Date: _____
Name of the veterinarian:				

N.B. All pages must be endorsed with the certifying veterinarian's signature and stamp using a different colour ink to the paper and print. Each section must be signed by an veterinarian with knowledge of the premises.

(Version: Equestrian competition_Oct25)

Horse Name: _____

Certificate No.: _____

Passport Number: _____

ANNEX I (2)

3	Country/Region:	Entry date:		Exit date:		Stamp:			
Address of residency / Street & No.									
Address of residency / Town& Zipcode									
Purpose of residency : (tick the applicable box)		Home	<input type="checkbox"/>	Training	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Layover / Travel	<input type="checkbox"/>
Signature:						Date:			
Name of the veterinarian:									

4	Country/Region:	Entry date:		Exit date:		Stamp:			
Address of residency / Street & No.									
Address of residency / Town& Zipcode									
Purpose of residency : (tick the applicable box)		Home	<input type="checkbox"/>	Training	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Layover / Travel	<input type="checkbox"/>
Signature:						Date:			
Name of the veterinarian:									

5	Country/Region:	Entry date:		Exit date:		Stamp:			
Address of residency / Street & No.									
Address of residency / Town& Zipcode									
Purpose of residency : (tick the applicable box)		Home	<input type="checkbox"/>	Training	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Layover / Travel	<input type="checkbox"/>
Signature:						Date:			
Name of the veterinarian:									

6	Country/Region:	Entry date:		Exit date:		Stamp:			
Address of residency / Street & No.									
Address of residency / Town& Zipcode									
Purpose of residency : (tick the applicable box)		Home	<input type="checkbox"/>	Training	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Layover / Travel	<input type="checkbox"/>
Signature:						Date:			
Name of the veterinarian:									

N.B. All pages must be endorsed with the certifying veterinarian's signature and stamp using a different colour ink to the paper and print. Each section must be signed by an veterinarian with knowledge of the premises.

(Version: Equestrian competition_Oct25)

Horse Name: _____

Certificate No.: _____

Passport Number: _____

ANNEX I (3)

7	Country/Region:	Entry date:		Exit date:		Stamp:
Address of residency / Street & No.						
Address of residency / Town& Zipcode						
Purpose of residency : (tick the applicable box)		Home	Training	Competition	Layover / Travel	
Signature:						Date:
Name of the veterinarian:						

8	Country/Region:	Entry date:		Exit date:		Stamp:
Address of residency / Street & No.						
Address of residency / Town& Zipcode						
Purpose of residency : (tick the applicable box)		Home	Training	Competition	Layover / Travel	
Signature:						Date:
Name of the veterinarian:						

9	Country/Region:	Entry date:		Exit date:		Stamp:
Address of residency / Street & No.						
Address of residency / Town& Zipcode						
Purpose of residency : (tick the applicable box)		Home	Training	Competition	Layover / Travel	
Signature:						Date:
Name of the veterinarian:						

10	Country/Region:	Entry date:		Exit date:		Stamp:
Address of residency / Street & No.						
Address of residency / Town& Zipcode						
Purpose of residency : (tick the applicable box)		Home	Training	Competition	Layover / Travel	
Signature:						Date:
Name of the veterinarian:						

N.B. All pages must be endorsed with the certifying veterinarian's signature and stamp using a different colour ink to the paper and print. Each section must be signed by an veterinarian with knowledge of the premises.

(Version: Equestrian competition_Oct25)