



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT  
DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS NORTHERN IRELAND

EXPORT OF SHEEP/GOATS FOR BREEDING TO MAURITIUS

HEALTH CERTIFICATE

No: .....

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals

Species	Breed	Official ear mark	Sex	Age

II. Origin of the animals

a) Name and address of exporter:

b) Address of premises of origin where the animals were examined:

III. Destination of the animals

a) Name and address of consignee:

b) Means of transportation (including registration number of vehicle, flight number of aircraft or name of ship):

c) Import permit number(s):

#### IV. Health Information

I, the undersigned, certify that the animals described above meet the following requirements:

a) **Country of Birth of Animals for Export:**

the said animals were born and have been raised in the United Kingdom and a written declaration has been received from the exporter/agent stating that they will be shipped directly to Mauritius;

b) **United Kingdom Disease Status:**

the United Kingdom has been free of Foot and Mouth Disease, Rift Valley Fever, Peste des Petits Ruminants, Heartwater, Rabies, Contagious Agalactia, Contagious Caprine Pleuropneumonia and Sheep and Goat Pox for at least five years prior to the date of exportation;

c) **\* Mycobacterium Tuberculosis Complex (only for goats):**

(i) infection with **M. tuberculosis complex** in animals is a notifiable disease in the United Kingdom;

(ii) the goats showed no clinical signs of infection with M. tuberculosis complex on the day of shipment;

**AND**

**\*either** (iii) the goats have been kept since birth in herds in which no case of infection with M.tuberculosis complex has been detected for the past three years;

**\*OR** (iv) have been isolated for at least six months prior to shipment including protection from contact with any reservoir of M. tuberculosis complex and all isolated animals showed negative results to at least two consecutive tests carried out at a six-month interval, with the second test performed within 30 days prior to shipment;

d) **Brucellosis.** The animals:

(i) showed no clinical sign of infection with **Brucella** on the day of shipment;

(ii) originate from:

**\*either** a) a country or zone free from infection with **Brucella**;

**\*OR** b) a herd or flock free from infection with **Brucella** and on , being within 30 days prior to export, samples were taken from the said animals and subjected to **\* either** a serum agglutination test (SAT) (negative SAT means less than 30 IU/ml), **\* or** a complement fixation test (CFT) (negative CFT means less than 20 ICFTU/ml), **\* OR** (a serological test prescribed by the World Organisation for Animal Health (WOAH) Terrestrial Manual for international trade), with negative results;

e) **Scrapie.** The animals:

(i) originate from a country which adopts the recommended measures set out in the WOAH Terrestrial Animal Health Code for the control and eradication of scrapie;

(ii) were born and raised on holdings free from scrapie as defined in the corresponding Chapter of the WOAH Terrestrial Animal Health Code;

(iii) after due enquiry and as far as can be determined, are not the progeny of a parent or siblings of animals with confirmed scrapie;

f) **Anthrax.** The animals:

**\*either** (i) showed no clinical sign of **anthrax** on the day of shipment and were kept for the 20 days prior to shipment in an establishment where no case of anthrax was officially declared during that period;

**\*OR** (ii) were vaccinated, not less than 20 days and not more than 12 months prior to shipment in accordance with the Terrestrial Manual;

Disease	Vaccine, batch number and expiry date (dd/mm/yyyy).	Date of vaccination (dd/mm/yyyy)
Anthrax (not less than twenty days and not more than 12 months prior to shipment)		

g) **Bluetongue virus (BTV)**

(i) the animals showed no clinical sign of bluetongue on the day of shipment;

**AND**

**\*either** (ii) the animals were kept in a country or zone free from bluetongue since birth or for at least 60 days prior to shipment;

**\*OR** (iii) the animals were resident in a BTV infected country/zone and were vaccinated, at least 60 days before shipment, against all serotypes demonstrated to be present in the source population through a surveillance programme in accordance with the WOAH Terrestrial Animal Health Code; AND identified as having been vaccinated in the table below;

Disease	Vaccine, batch number and expiry date (dd/mm/yyyy).	Date of vaccination (dd/mm/yyyy)
Bluetongue		

**\*OR** (iv) the animals were resident in a BTV infected country/zone and were demonstrated to have antibodies for at least 60 days prior to shipment against all serotypes demonstrated to be present in the source population through a surveillance programme in accordance with the WOAH Terrestrial Animal Health Code;

**\*OR** (v) the animals were resident in a BTV infected country/zone and were isolated for at least 28 days with vector protection measures (including insecticide treatment) prior to shipment and during transportation to the place of shipment and were subjected to a serological test to detect

antibodies to the BTV group and BTV antigen test, with negative results, carried out at least 28 days after introduction into the isolation unit;

**h) Caprine Arthritis Encephalitis**

(i) the animals showed no clinical sign of **caprine arthritis/encephalitis** on the day of shipment;

**AND**

**\*either** (ii) on \_\_\_\_\_, being within 30 days prior to export, samples were taken from the said animals and subjected to **\* either** an agar gel immunodiffusion test (AGIDT) or **\* or** an enzyme-linked immunosorbent assay (ELISA) for Caprine Arthritis Encephalitis (CAE), with negative results;

**\*OR** (iii) caprine arthritis/encephalitis was neither clinically nor serologically diagnosed in the sheep and goats present in the flocks of origin during the past three years, and also that no sheep or goat from a flock of inferior health status was introduced into these flocks during that period;

**i) Ovine Chlamydiosis or Ovine Enzootic Abortion.**

The animals:

(i) have remained since birth, or for the previous two years, in establishments where no **Enzootic Abortion of Ewes (EAE)**, also known as **ovine chlamydiosis** or **ovine enzootic abortion** has been diagnosed during the past two years;

(ii) showed no clinical sign of EAE on the day of shipment;

(iii) were subjected to a diagnostic test for EAE with negative results within the 30 days prior to shipment;

**j) Maedi-Visna**

The animals:

(i) the animals showed no clinical sign of **maedi-visna** on the day of shipment;

(ii) animals over one year of age were subjected to a diagnostic test for maedi-visna with negative results during the 30 days prior to shipment;

(iii) maedi-visna was neither clinically nor serologically diagnosed in the sheep and goats present in the flocks of origin during the past three years, and also that no sheep or goat from a flock of inferior health status was introduced into these flocks during that period;

**k) \* Ovine Epididymis (only for sheep)**

The animals:

(i) showed no clinical sign of **ovine epididymitis** on the day of shipment;

(ii) come from a sheep flock free from ovine epididymitis;

**\* either** (iii) for male sheep over six months of age, the animals were isolated in the establishment of origin for the 30 days prior to shipment and were subjected to the diagnostic tests for *Brucella ovis* (*B. ovis*) with negative results;

**\*OR** (iv) for male sheep from a flock other than that stated in point k) (ii) above, the animals were isolated prior to shipment and were subjected to the diagnostic tests for *B. ovis* with negative results on two occasions, with an interval of 30 to 60 days between each test, the second test being performed during the 15 days prior to shipment;

**l) New World or Old World Screwworm.**

(i) immediately prior to loading, the animals to be exported have been inspected, on the premises of origin, by an official veterinarian. After inspection for wounds with egg masses or larvae of **New World or Old World screwworm**, any infested animal has been rejected for export;

(ii) immediately prior to entering the quarantine pens in the exporting country:

a) each animal has been thoroughly examined for infested wounds, under the direct supervision of an official veterinarian, and that no infestation has been found in any animal; **AND**

b) any wounds have been prophylactically treated with an officially approved oily larvicide at the recommended dose; **AND**

c) all animals have been dipped, sprayed, or otherwise treated, immediately after inspection, with a product officially approved by the importing and exporting countries for the control of New World or Old World screwworm, under the supervision of an official veterinarian and in accordance with the manufacturer's recommendations;

(iii) At the end of the quarantine and immediately prior to shipment for export:

a) all animals have been re-examined for the presence of infestation and all animals have been found free of infestation;

b) all wounds have been prophylactically treated with an approved oily larvicide under the supervision of an official veterinarian;

c) all animals have been prophylactically treated again by dipping or spraying as in point 1)(ii) above;

**m) Internal and External parasites:**

on \_\_\_\_\_, being within 30 days prior to export, the said animals were treated for the removal of internal and external parasites using the following licensed medicinal product(s), according to the manufacturers instructions:

Name(s) of product(s)

Manufacturer(s)

**n) Final Clinical Examination**

on \_\_\_\_\_, being within 24 hours of loading, I examined the said animals and found them to be physically sound, in good health and free of clinical symptoms of Rabies, Contagious Caprine Pleuropneumonia, Caprine Arthritis Encephalitis (CAE) or any notifiable infectious or contagious disease.

**\* Delete as appropriate**

**Official Stamp**

**Signed** ..... **RCVS**  
**Official Veterinarian**

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**Name in block letters**

**Date** .....

**Address** .....  
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