

# Veterinary certificate to EU

**Part I : Details of consignment presented**

I.1. Consignor Name Address Postal code / Region Country	I.2. Certificate reference number	I.2.a. TRACES reference number :
	I.3. Central Competent Authority	
	I.4. Local Competent Authority	
	I.6 Person responsible for load in EU	
I.5. Consignee Name Address Postal code / Region Country		
I.7. Country of origin, ISO code	I.8. Region of origin, Code	I.9. Country of destination      ISO code
I.10. Region of destination      Code		I.12. Place of destination
I.11. Place of origin Holding <input type="checkbox"/> Semen centre <input type="checkbox"/> Establishment <input type="checkbox"/> Name      Approval number Address Name      Approval number Address Name      Approval number Address		
I.13 Place of loading Address      Approval number		I.14 Date of departure
I.15. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification:: Document:		
I.16. Entry BIP in EU Name      BIP unit no.:		I.17. No.(s) of CITES
I.18. Description of commodity		I.19. Commodity code (HS code)
I.21 Temperature of products		I.20. Quantity
I.23. Identification of container/Seal number		I.22. Number of packages
I.25. Commodity certified as: Breeding <input type="checkbox"/> Fattening <input type="checkbox"/> Slaughter <input type="checkbox"/> Approved bodies <input type="checkbox"/> Artificial reproduction <input type="checkbox"/> Quarantine <input type="checkbox"/> Game restocking <input type="checkbox"/> Registered horses <input type="checkbox"/> Pets <input type="checkbox"/> Circus <input type="checkbox"/> Relaying <input type="checkbox"/> Other <input type="checkbox"/> Humane consumption <input type="checkbox"/> Animal feedingstuff <input type="checkbox"/> Further process <input type="checkbox"/> Pharmaceutical use <input type="checkbox"/> Technical use <input type="checkbox"/>		I.24. Type of packaging
I.26. For transit to 3rd Country by EU		I.27. For import or admission into EU Definitive import <input type="checkbox"/> <input type="checkbox"/> Horses Re-entry <input type="checkbox"/> <input type="checkbox"/> Temporary admission horses <input type="checkbox"/> <input type="checkbox"/>
I.28. Identification of the commodity Species (scientific name)    Breed/category    Identification system    Identification number    Age    Sex    Quantity    Test    Age(dd/mm/yyyy)    Age(Weeks)    Age(Months)		

## II. Health information

II.a. Certificat reference number

II.b. TRACES reference number

## I. Health information

I, the undersigned, certify that the animal(s) described above meets the following requirements:

- (a) it/they come(s) from a country where the following diseases are compulsorily notifiable; African horse sickness, dourine, glanders, equine encephalomyelitis (of all types including VEE), infectious anaemia, vesicular stomatitis, rabies, anthrax;
- (b) it/they has/have been examined today and show(s) no clinical sign of disease (2);
- (c) it/they is/are not intended for slaughter under a national programme of infectious or contagious disease eradication;
- (d) during the three months immediately preceding the exportation (or since birth if less than three months old) it has been resident on holdings under veterinary supervision in the country of dispatch and 30 days prior to dispatch apart from equidae not of equivalent health status;
- (e) it/they come(s) from the territory or in cases of official regionalization according to Community legislation from a part of the territory of a third country in which:
  - (i) Venezuelan equine encephalomyelitis has not occurred during the last two years;
  - (ii) dourine has not occurred during the last six months;
  - (iii) glanders has not occurred during the last six months;
  - (iv) either vesicular stomatitis has not occurred during the last six months; (3) or
  - (v) it/they was/were tested on a sample of blood taken within 10 days of export on (6.), by a virus neutralization test for vesicular stomatitis with negative result(s) at a dilution of 1 in 12; (3)
- (f) it/they do(es) not come from the territory or from a part of the territory of a third country considered, in accordance with Community legislation, as infected with African horse sickness and
  - either it/they was/were not vaccinated against African horse sickness (3) or
  - it/they was/were vaccinated against African horse sickness on (4); (3)
- (g) it/they do(es) not come from a holding which was subject to prohibition for animal health reasons nor had contact with equidae from a holding which was subject to prohibition for animal health reasons:
  - (i) during six months in the case of equine encephalomyelitis, beginning on the date on which the equidae suffering from the disease are slaughtered;
  - (ii) in the case of infectious anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart;
  - (iii) during six months in the case of vesicular stomatitis;
  - (iv) during one month from the last recorded case, in the case of rabies;
  - (v) during 15 days from the last recorded case, in the case of anthrax.

If all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of anthrax, where the period of prohibition is 15 days;
- (h) to the best of my knowledge, it/they has/have not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration;
- (i) to the best of my knowledge, it/they has/have received no thyreostatic, estrogenic, androgenic or gestagenic substances for fattening purposes;
- (j) it/they was/were subjected to the following tests carried out with negative results on samples of blood taken within 10 days of export on (4):
  - (i) - a Coggins test for equine infectious anaemia, (6.) or
  - (ii) - in the case of Equidae which have resided in Iceland from birth, it is certified that Iceland is officially free of equine infectious anaemia; (6.)
  - a complement fixation test for glanders at a dilution of 1 in 10 (5.);

2. The animal(s) will be sent in a vehicle cleansed and disinfected in advance with a disinfectant officially recognized in the country of dispatch and designed in a way droppings, litter or fodder cannot escape during transportation.

The following declaration signed by the owner or representative is part of the certificate.

3. The certificate is valid for 10 days. In the case of transport by ship the time is prolonged by the time of the voyage.

## 4. DECLARATION

The undersigned (insert name) owner or representative (4) of the animal(s) described above, declares that:

- 4.1. the animal(s) will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equidae not accompanied by an equivalent certificate;
  - The transportation will be effected in such a way that health and wellbeing of the animal(s) can be protected effectively;
- 4.2. the animal(s) has/have either remained in (exporting country) since birth or entered the exporting country at least 90 days prior to this declaration. (6.)

- (1) Part of territory in accordance with Article 13 (2) of Council Directive 90/426/EEC.
- (2) The certificate must be issued on the day of loading of the animal(s) for dispatch to the Member State of destination. It must accompany the consignment and covers only animals transported in the same railway wagon, lorry, aircraft or ship and taken directly to the slaughterhouse.
- (3) Delete as appropriate.
- (4) Insert date.
  - In the case of a registered equine animal, tests carried out, their results and vaccination have to be entered in the identification document (passport).
- (5.) The required test for glanders does not apply for countries listed in Groups A and C, Australia and New Zealand.

<b>Part II: Certification</b>	II. Health information	II.a. Certificat reference number	II.b. TRACES reference number
<b>Official veterinarian or official inspector</b>			
Name (in Capital):		Qualification and title:	
Local Veterinary Unit:		LVU N°:	
Date:		Signature:	
Stamp			