

# Veterinary certificate to EU

**Part I : Details of consignment presented**

I.1. Consignor Name Address Postal code Country	I.2. Certificate reference number	I.2.a. TRACES reference number :
	I.3. Central Competent Authority	
	I.4. Local Competent Authority	
	I.5. Consignee Name Address Postal code Country	
Person responsible for load in EU		
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.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.12. Place of destination
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.22. Number of packages
I.23. Identification of container/Seal number		I.24. Type of packaging
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.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)		

# 93/197 Horses from KG, equidae from AU, BG, BY, HR, MK, NZ, RO, RU, UA and CS

## Part II: Certification

<p>II. Health information</p> <p>I. Health information</p> <p>I, the undersigned, certify that the animal(s) described above meets the following requirements:</p> <p>(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;</p> <p>(b) it/they has/have been examined today and show(s) no clinical sign of disease (2);</p> <p>(c) it/they is/are not intended for slaughter under a national programme of infectious or contagious disease eradication;</p> <p>(d) during the last three months immediately preceding the exportation (or since birth if less than three months old) it/they has/have been resident on holdings under veterinary supervision in the country of dispatch and</p> <p style="margin-left: 20px;">- either it/they come(s) from a country (1) listed in group A, B, C or D below (6.) and has/have been isolated from equidae not of the same health status during 30 days prior to dispatch, (3) or</p> <p style="margin-left: 20px;">- it/they come(s) from a country (1) listed in Group E below (6.) and has/have been in an approved isolation centre, protected from vector insects during 40 days prior to dispatch; (3)</p> <p>(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:</p> <p style="margin-left: 20px;">(i) Venezuelan equine encephalomyelitis has not occurred during the last two years;</p> <p style="margin-left: 20px;">(ii) dourine has not occurred during the last six months;</p> <p style="margin-left: 20px;">(iii) glanders has not occurred during the last six months;</p> <p style="margin-left: 20px;">(iv) either vesicular stomatitis has not occurred during the last six months; (3) or</p> <p style="margin-left: 20px;">(iv) 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)</p> <p style="margin-left: 20px;">(v) in the case, the above described consignment of equidae includes uncastrated male animals older than 180 days,</p> <p style="margin-left: 40px;">- either equine viral arteritis has not been officially recorded during the last six months (3) or</p> <p style="margin-left: 40px;">- the uncastrated mal animals were tested on blood samples taken within 21 days of export on (4) by virus neutralization test for equine viral arteritis with negative result at dilution of 1 in 4 in each case (3) or</p> <p style="margin-left: 40px;">- aliquots of their entire semen taken within 21 days of export on (4) were tested by virus isolation test for equine viral arteritis with negative result in each case (3) or</p> <p style="margin-left: 40px;">- the uncastrated male animals were vaccinated on (4) against equine viral arteritis under official veterinary supervision with a vaccine approved by the competent authority, according to the following programme for initial vaccination and have been re-vaccinated at regular intervals</p> <p style="margin-left: 20px;">Programmes for initial vaccination against equine viral arteritis:</p> <p style="margin-left: 20px;">Instruction: Cross out vaccination programmes that do not apply to the animal described above.</p> <p style="margin-left: 20px;">Verify supporting certification on testing before vaccination, vaccination and re-vaccination. Specify, where appropriate, the individual vaccination programme for identified animals.</p> <p style="margin-left: 40px;">(a) Vaccination was carried out on the day a blood sample was taken that subsequently proved negative in a virus neutralization test at a dilution of 1 in 4 or</p> <p style="margin-left: 40px;">(b) Vaccination was carried out during a period of isolation of not more than 15 days under official veterinary supervision, commencing on the day a blood sample was taken that was tested during that time with negative result in a virus neutralization test at a dilution of 1 in 4. or</p> <p style="margin-left: 40px;">(c) Vaccination was carried out when the animal was at an age of 180 to 270 days, during a period of isolation under official veterinary supervision. During the isolation period two blood samples taken at least 10 days apart proved a stable or declining antibody titre in a virus neutralization test for equine viral arteritis; (3)</p> <p>(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</p> <p style="margin-left: 20px;">- either it/they was/were not vaccinated against African horse sickness (3) or</p> <p style="margin-left: 20px;">- it/they was/were vaccinated against African horse sickness on (4); (3)</p> <p>(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:</p> <p style="margin-left: 20px;">(i) during six months in the case of equine encephalomyelitis, beginning on the date on which the equidae suffering from the disease are slaughtered;</p> <p style="margin-left: 20px;">(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;</p> <p style="margin-left: 20px;">(iii) during six months in the case of vesicular stomatitis;</p> <p style="margin-left: 20px;">(iv) during one month from the last recorded case, in the case of rabies;</p> <p style="margin-left: 20px;">(v) during 15 days from the last recorded case, in the case of anthrax.</p> <p>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;</p> <p>(h) it shows no clinical signs of contagious equine metritis (CEM) and it does not come from a holding where there has been any suspicion of CEM during the past two months nor had contact indirectly or directly through coitus with equidae infected or suspected in CEM;</p> <p style="margin-left: 20px;">(i) to the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration;</p> <p style="margin-left: 20px;">(j) it was subjected to the following test carried out with negative result on a sample of blood taken within 30 days of export on (4) (5);</p> <p style="margin-left: 40px;">- a Coggins test for infectious anaemia.</p> <p style="margin-left: 40px;">- a complement fixation test for dourine at a dilution of 1 in 10 (6)</p> <p style="margin-left: 40px;">- a complement fixation test for glanders at a dilution of 1 in 10 (6)</p> <p>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.</p> <p>The following declaration signed by the owner or representative is part of the certificate.</p> <p>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.</p> <p>4. DECLARATION</p> <p>The undersigned (insert name) owner or representative (4) of the animal(s) described above, declares that:</p> <p>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;</p> <p style="margin-left: 20px;">The transportation will be effected in such a way that health and wellbeing of the animal(s) can be protected effectively;</p> <p>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.)</p>	<p>II.a. Certificat reference number</p>	<p>II.b. TRACES reference number</p>
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(1) Part of territory in accordance with Article 13 (2) of Council Directive 90/426/EEC.

**93/197 Horses from KG, equidae from AU, BG, BY, HR, MK,  
NZ, RO, RU, UA and CS**

**Part II: Certification**

II. Health information

II.a. Certificat reference number

II.b. TRACES reference number

- (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 carries out, their results and vaccination have to be entered in the identification document (passport).
- (5) For the countries covered by this certificate, with the exception of Australia and New Zealand, the laboratory tests must be carried out by a laboratory approved by the Member State of destination. The test results, certified by the laboratory, have to be attached to the animal health certificate accompanying the animal.
- (6) The required tests for glanders and dourine do not apply for Australia and New Zealand.

Official veterinarian or official inspector

Name (in Capital):  
Local Veterinary Unit:  
Date:  
Stamp

Qualification and title:  
LVU N°:  
Signature: