STATE OF ISRAEL
MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT
VETERINARY SERVICES & ANIMAL HEALTH

Model of Veterinary Health Certificate to accompany rodents imported from the United States of America to Israel

I. Description of the animals

<table>
<thead>
<tr>
<th>Species (scientific name)</th>
<th>Breed</th>
<th>Number</th>
<th>Sex</th>
<th>Age</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Origin of the animals (name and address of breeder)

________________________________________________________________________________
________________________________________________________________________________

III. Destination of the animals (name and address of consignee)

________________________________________________________________________________
________________________________________________________________________________

IV. Health Information

I, the undersigned, USDA accredited veterinarian, certify that the animal described above meets the following conditions:

1. They originate from premises which are under permanent veterinary supervision.
2. The animals were born in the establishment of origin and have stayed there since birth; Or¹ were introduced into the establishment of origin at least thirty (30) days ago;
3. The animals originate and come from an establishment under veterinary surveillance and in which a program for the monitoring of zoonotic diseases is in place;
4. No outbreaks of Rabies, Monkey Pox, Lymphocytic Choriomeningitis, Tularaemia, Leptospirosis, Hemorrhagic Fever with Renal Syndrome, Hantavirus Pulmonary Syndrome were been clinically diagnosed in the establishment for the last twelve (12) months.
5. The animals do not present any clinical signs of zoonotic diseases, in particular Rabies, Monkey Pox, Lymphocytic Choriomeningitis, Tularaemia, Leptospirosis, Hemorrhagic Fever with Renal Syndrome, Hantavirus Pulmonary Syndrome;
6. The animals were examined within 96 hours of loading and did not present any clinical signs of disease or suspected disease and were considered fit for transportation.

Date ....................................................   ....................................................
Name of USDA accredited veterinarian (in full)

Place ..................................................   Signature .....................................

Date ....................................................   ....................................................
Name of USDA APHIS veterinarian (in full)

Place ..................................................   Signature .....................................

¹ Delete as appropriate