

Veterinary Certificate for the Export of Live Fish, Their Gametes and Fertilized Eggs to Taiwan for Aquaculture or Rearing Purpose

| Part 1: Details of dispatched consignment | I.1 Exporter: Name: Address: | I.2 Certificate reference number: | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------------------------|--------------------------|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|-----|--|
| | | I.3 Competent Authority: | | | | | | | | | | | | | | | | | | | | | | |
| | I.4 Importer: Name: Address: | | | | | | | | | | | | | | | | | | | | | | | |
| | I.5 Country of export: | | | | | | | | | | | | | | | | | | | | | | | |
| | I.6 Country of destination: | | | | | | | | | | | | | | | | | | | | | | | |
| | I.7 The water area or aquaculture facility of origin: Name: Address: | | | | | | | | | | | | | | | | | | | | | | | |
| | I.8 Quantity and total weight: | I.9 Date of departure from the water area or aquaculture facility of origin: | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Species (Scientific name)</th> <th style="width: 40%; text-align: center;">Age or development stage</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> <tr><td>7.</td><td></td></tr> <tr><td>8.</td><td></td></tr> <tr><td>9.</td><td></td></tr> <tr><td>10.</td><td></td></tr> </tbody> </table> | | Species (Scientific name) | Age or development stage | 1. | | 2. | | 3. | | 4. | | 5. | | 6. | | 7. | | 8. | | 9. | | 10. | |
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| Part II. Animal Health Information | II. Certificate reference number: |
| | <p>II. The undersigned Certifying Official certifies that live fish/ their gametes/ fertilized eggs for aquaculture or rearing purpose described above satisfy(ies) the following requirements:</p> <p>(1) The population of origin of live fish or the broodstock of gametes or fertilized eggs have been kept for at least fourteen days — prior to exportation of live fish or the collection of gametes or fertilized eggs — at a water area or an aquaculture facility which are under the supervision of the exporting country’s government. Within a period of three months prior to the exportation of live fish or the collection of gametes or fertilized eggs, there have been no incidents of high mortality occurring in that specific species of fish which are caused by communicable diseases or unknown etiology in the water area or aquaculture facility of origin.</p> <p>(2) The consignment meets one of the following conditions (please mark “X” as applicable):</p> <p><input type="checkbox"/> I. The pertinent diseases of concern listed in the attached table of the Quarantine Requirements for the Importation of Live Fish and Their Gametes and Fertilized Eggs are notifiable diseases in the exporting country. The following basic biosecurity measures have been implemented at the water area or aquaculture facility of origin for at least the previous two years:</p> <p>(I) The water area or aquaculture facility of origin has been subjected to an official health surveillance scheme conducted by a laboratory designated by the exporting country’s government. According to the surveillance results, the pertinent diseases of concern listed in the attached table of the Quarantine Requirements for the Importation of Live Fish and Their Gametes and Fertilized Eggs have not occurred for a minimum period of two consecutive years in the water area or aquaculture facility of origin; and</p> <p>(II) The water area or aquaculture facility of origin only introduced aquatic broodstock from areas free from the pertinent diseases of concern listed in the attached table of the Quarantine Requirements for the Importation of Live Fish and Their Gametes and Fertilized Eggs, or from water areas or aquaculture facilities where basic biosecurity measures have been implemented.</p> <p>Name of the diseases which are under official surveillance complying with this condition : _____</p> <p><input type="checkbox"/> II. Within a period of thirty days immediately preceding the exportation of live fish, their gametes or fertilized eggs, samples were collected from the water area or aquaculture facility of origin for testing by a laboratory designated by the exporting country’s government for the pertinent diseases of concern listed in the attached table of the Quarantine Requirements for the Importation of Live Fish and Their Gametes and Fertilized Eggs. The results were negative.</p> |

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| | Results of quarantine inspection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Disease name</th> <th style="width: 15%;">Date of sample collection</th> <th style="width: 15%;">Number of samples collected</th> <th style="width: 20%;">Name of the laboratory testing the samples</th> <th style="width: 15%;">Test methods</th> <th style="width: 20%;">Results of the tests</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | Disease name | Date of sample collection | Number of samples collected | Name of the laboratory testing the samples | Test methods | Results of the tests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>(3) Seven days prior to its leaving from the water area or aquaculture facility of origin, the live fish, their gametes and fertilized eggs were inspected and found healthy and be free from infestation of ectoparasites or any clinical signs of communicable diseases.</p> <p>(4) Sample collection, testing and surveillance as referred to in this certificate were conducted in accordance with relevant provisions in the Manual of Diagnostic Tests for Aquatic Animals of the World Organization for Animal Health (hereinafter referred to as the OIE Aquatic Manual). For diseases with no sampling, testing or surveillance methods prescribed in the OIE Aquatic Manual, methods that have been published in international scientific journals were used.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Certifying Official: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Certifying Official in block letters: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Issuing Authority: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Place of Issuance: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date of Issuance: _____ | | | Official Stamp: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |