CONDITIONS FOR THE IMPORT OF EQUINE SEMEN FROM THE UNITED STATES OF AMERICA INTO THE UNITED ARAB EMIRATES

1. Permission to import must be obtained from the United Arab Emirates (UAE) Ministry of Agriculture and Fisheries, Animal Welfare Department (MAF/AWD) before shipment leaves the exporting country.

2. In order to obtain an Import Permit a fully completed Import Permit Application form (available on request Tel: 04 313311 or Fax: 04 313322) must be submitted to the UAE MAF/AWD. Fax: (00971) 4 313322 or (00971) 4 3325464 The import permit will be valid for 6 months and will be lodged with the Airport Veterinary Officer.

3. The Semen must have been collected on a European Union approved Semen collection centre and must comply fully with the requirements laid down in the attached model Health Certificate.

4. The Semen must be accompanied to the U.A.E. by a fully completed Health Certificate in a similar form to the attached model Health Certificate. All relevant paragraphs must be included and where required deletions must be made and dates must be inserted.

5. Import must be by air at either Abu Dhabi, Dubai or Sharjah Airport.

6. Semen will only be released after the Airport Veterinary Officer (V.O.) of the Ministry of Agriculture and Fisheries is satisfied that all import conditions have been met and after handling charges have been paid and Customs formalities completed. It is a requirement of the permit that the airport V.O. is informed of the details of the shipment in advance. We also advise the importer to contact the VO to make arrangements to meet the VO at the time of arrival.
HEALTH CERTIFICATE

FOR THE EXPORT OF EQUINE SEMEN TO THE UNITED ARAB EMIRATES FROM THE UNITED STATES OF AMERICA

Exporting Country: ..............................................................................................................................................

Competent Authority: ...........................................................................................................................................

I. INFORMATION CONCERNING THE DONOR STALLION

<table>
<thead>
<tr>
<th>Stallion Name</th>
<th>Tattoo/Microchip/Passport No. (if any)</th>
<th>Species</th>
<th>Breed</th>
<th>Age</th>
</tr>
</thead>
<tbody>
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</table>

If no passport or microchip number is supplied then a copy of the horses identification document or silhouette should accompany this certificate

Name and address of Stallion Owner: ..............................................................................................................

II. TRANSPORTATION OF THE SEMEN

Name and address of exporter / consignor: ......................................................................................................

Name and address of consignee: ......................................................................................................................

Means of transportation (Flight No., date etc): ............................................................................................

Import Permit Reference No: .......................................................................................................................
III. PLACE OF COLLECTION OF THE SEMEN

Name and address of approved Semen Collection Centre where semen was collected: ......................
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Registration number of approved Semen Collection Centre: .................................................................

Name and address of officially approved Semen Storage Centre (if not stored at Collection Centre):
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................................................................................................................................................................
Registration number of officially approved Semen Storage Centre: ......................................................

Place of certification: ..................................................................................................................................
................................................................................................................................................................

IV. INFORMATION CONCERNING THE SEMEN

Fresh / Chilled / Frozen: ..............................................................delete as necessary

Date(s) of collection: ........................................................................................................................................

Number of containers : ................................................................................................................................

Identification numbers on flask including code on uniquely numbered tamper-proof seal.
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Identification numbers on straws:
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V. HEALTH INFORMATION RELATING TO THE DONOR STALLION, DIAGNOSTIC TESTS AND STORAGE OF SEMEN

I the undersigned Official Veterinarian certify that the Semen Collection Centre in which the Semen described above was collected, processed and stored for trade;

a) Is approved and supervised by the competent authority of the USA where the semen was collected according to the conditions in Chapter 1 Annex D of European Community Directive 92/65/EEC.

b) Is situated in the USA which was on the day the Semen was collected until the date the Semen was dispatched as fresh / chilled* Semen or until the 30 days mandatory storage period for frozen Semen elapsed* free of African Horse Sickness in accordance with EC legislation.
Health Certificate No.___________
(Valid only if the USDA Veterinary
Seal appears over the certificate no.)

c) Contained during the period commencing 30 days prior to Semen collection until the date the Semen was dispatched as fresh / chilled* Semen or until the 30 days mandatory storage period for frozen Semen elapsed* only equidae which were free of clinical signs of Equine Viral Arteritis and Contagious Equine Metritis.

d) Was not subject to any prohibition for notifiable disease reasons, on the day of collection.

e) The Semen described above was collected from a donor stallion, which;

   i) on the day of admission to the Semen Collection Centre showed no clinical signs of infectious disease and to the best of my knowledge and based on a written declaration from the owner, had not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to admission;

   ii) on the day the Semen was collected did not show clinical signs of an infectious or contagious disease;

   iii) during at least 30 days prior to entry to the Collection Centre and during the collection period was not used for natural service;

   iv) during the last 30 days prior to collection of the Semen had been kept on holdings where no equidae showed clinical signs of Equine Viral Arteritis;

   v) during the last 60 days prior to collection of the Semen had been kept on holdings where no equidae showed clinical signs of Contagious Equine Metritis;

   vi) to the best of my knowledge has not been in contact with equidae suffering from an infectious or contagious disease during the 15 days immediately preceding the collection of semen;

f) Whilst in the USA the Semen was held only in USDA approved storage facilities;

**EITHER For fresh / chilled / frozen**

g)* In the case of fresh / chilled / frozen** semen, the donor stallion was continuously resident on the Collection Centre for at least 30 days immediately prior to the Semen collection and during the collection period. During that time no equidae on the centre came into direct contact with equidae of lower health status than the donor stallion;

h)* In the case of fresh / chilled / frozen** Semen, on ............................................. (date) being at least 14 days after the donor stallion became resident on the Collection Centre and no more than 180 days prior to the date of Semen collection, a blood sample* / entire Semen sample* was taken from the said animal and sent to a laboratory recognised by the USDA where it was submitted to the following test;

   i) *EITHER the serum neutralisation test for Equine Viral Arteritis with a negative result at a dilution of 1 in 4.

   ii) *OR the virus isolation test for EVA with a negative result on an aliquot of the entire semen.
i)* In the case of fresh / chilled / frozen** Semen, on ...................................(date), being at least 14 days after the donor stallion became resident on the Collection Centre and no more than 180 days prior to the date of Semen collection, a blood sample was taken from the said animal and sent to a laboratory recognised by the USDA where it was submitted to the agar gel immunodiffusion (Coggins) test for Equine Infectious Anaemia with a negative result;

j)* In the case of fresh / chilled / frozen** Semen, on .....................................(date) and on .......................................(date) being at least 14 days after the donor stallion became resident on the collection centre and not more than 180 days prior to the date of Semen collection, and both dates being at least 7 days but nor more than 21 days apart, samples of pre-ejaculatory fluid or semen, and swabs taken at least from the penile sheath, urethra and the urethral fossa were collected from the said stallion and submitted to a laboratory recognised by the USDA for bacteriological culture for Contagious Equine Metritis with negative results in all cases.

OR

For Frozen Semen only

k) In the case of frozen Semen, the Semen was frozen and stored for a period of at least 30 days immediately following collection in facilities approved by the USDA.

l)* In the case of frozen Semen, on ..................................... (date), being at least 14 days after and no more than 30 days after the collection of Semen or the end of the collection period, a blood sample was taken from the said animal and sent to a laboratory recognised by the USDA where it was submitted to the agar gel immunodiffusion (Coggins) test for Equine Infectious Anaemia with a negative result.

m)* In the case of frozen Semen, on ..................................... (date), being at least 14 days after but no more than 30 days after the collection of Semen or the end of the collection period, a blood sample / entire Semen sample* was taken from the said animal and sent to a laboratory recognised by the USDA where it was submitted to the following test;

i) EITHER the serum neutralisation test for Equine Viral Arteritis with a negative result at a dilution of 1 in 4.

ii) OR the virus isolation test for Equine Viral Arteritis with a negative result on an aliquot of the entire semen. (i)

n)* In the case of frozen Semen, on ...................................(date) and on .......................................(date), both dates being at least 14 days but no more than 30 days after the collection of the Semen, and both dates being at least 7 apart, samples of pre-ejaculatory fluid or semen; and swabs from the penile sheath, urethra and the urethral fossa were collected from the said stallion and submitted to a laboratory recognised by the USDA for bacteriological culture for Contagious Equine Metritis with negative results in all cases;

ALL SEMEN

o) in the case of all Semen, the Semen described was collected, processed, stored and transported under conditions which comply with the requirements of Chapter III of Annex D of Directive 92/65/EEC.

* delete if not applicable

** Note: In the case of frozen semen either paragraphs (g) (h) (i) (j) and (k) OR paragraphs (k) (l) (m) and (n) must be certified
Health Certificate No.___________
(Valid only if the USDA Veterinary Seal appears over the certificate no.)

Name of issuing USDA-accredited veterinarian  Address of issuing USDA-accredited veterinarian
________________________________________   ______________________________________
Signature of issuing USDA-accredited veterinarian  Place of issuance                                           Date
_______________________________________    ______________________________________

Name of endorsing Federal veterinarian                    Address of endorsing Federal veterinarian
________________________________________   ______________________________________
Signature of endorsing Federal veterinarian     Place of endorsement                                   Date
_______________________________________    ______________________________________