

**Veterinary Health Certificate for Export of  
Equine Semen from the United States of America to Canada**



**Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**CERTIFICATION**

**1. Consignor:**

**2. Consignee:**

**3. Country Of Origin:**  
USA

**4. State Of Origin:**

**5. Country Of Destination:**  
Canada

**6. Zone Of Destination:**  
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**7. Place Of Origin:**

**8. Port Of Embarkation / Border Crossing:**

**9. Date Of Shipment:**

**10. Means Of Transport:**

**11.** \*\*\*\*\*

**12. CITES Permit Number:**  
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**13. Description Of Commodity:**  
Equine Semen

**14. Date Of Inspection:**

**15. Total Quantity:**

**16. Additional Information:**  
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**17. Total Number Of Packages/Containers:**  
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**18. Identification / Seal Numbers:**  
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**19. Commodities Intended Use:**

**20. Type Of Admission:**  
Permanent Import

**21. Identification Of Commodities:**

(See attached Identification Of Commodities)

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**Identification Of Commodities : Continued**

Row	Donor Name	Donor Breed	Donor Registration #	Semen Collection Dates	Collection Premises Name	Collection Premises Address
1						
2						
3						
4						
5						

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**Certification Statements :**

1. The donor animal(s), from which the germplasm for export to Canada was sourced, have been examined and found to be healthy and free from any clinical evidence of communicable or infectious disease and, as far as can be determined, exposure thereto, during every procedure related to the collection of the germplasm.
2. The donor horse(s) have not been on a premise where *T.equigenitalis* has been isolated during the 60 days immediately preceding collection of the semen for export to Canada or premises currently under quarantine or investigation for CEM.
3. The semen was processed using an extender that contains antibiotics effective against *T.equigenitalis*.
4. The semen is in individual receptacles or straws, each marked with the collection date, identity of the donor and the semen collection premises.
5. CFIA Import Permit #: \_\_\_\_\_
6. Select one: Fresh Semen: \_\_\_\_ Frozen Semen: \_\_\_\_

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**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**