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

MODEL OF VETERINARY HEALTH CERTIFICATE  
To accompany a horse imported from the United States of America to the State of Israel  

EXPORTING STATE: The United States of America (US)  
DEPARTMENT: US Department of Agriculture (USDA)  
SERVICE: Animal and Plant Health Inspection Service, Veterinary Services  

I. Identification of the animal  

Name …………………………………………Breed……………………………….  
Microchip number…………………………...Age…………….Sex……………….  

II. Origin of the animal  
(a) Name and address of exporter …………………………………………………  
(b) Address of premises where the animal was examined ………………………...  

III. Destination of the animal  
(a) Name and address of consignee………………………………………………  
(b) Means of transportation……………………………………………………….  

IV. Health information  
I, …………………………………………….., the undersigned, USDA accredited veterinarian, hereby certify that the animal described above meets the following requirements:  
(a) The US is free of Glanders, Dourine, African Horse Sickness and Venezuelan Equine Encephalomyelitis.  
(b) The US state of origin is free from Contagious Equine Metritis (CEM)*  
OR*  
For mares and fillies over 731 days of age:  
Swabbings were collected on three different occasions on the following dates:  
1.______________, 2.________, 3.__________, at intervals of not less than 7 days,
(the last swabbing was taken within 30 days of the date of exportation). One set of these swabbings was collected at the time of oestrus. All swabbings were cultured and found negative for CEM in a laboratory approved by the national Veterinary Service.

For stallions and colts over 2 years of age:
1. Three separate sets of swabs: (penile sheath, urethra penis including Fossa glandis, urethral fossa including Urethral sinus and pre-ejaculatory fluid), were collected from the stallion on the following dates: 1._________, 2._________, 3._________, at intervals of not less than 7 days between the collection of each set and were cultured and found negative for CEM in a laboratory approved by the National Veterinary Service.
2. The last of the three sets of specimens was collected within 30 days of the date of export.
3. The stallion has not been used for natural breeding or artificial insemination from the time sampling began until the date of export.

(c) During the 6 months immediately preceding the present exportation, no case of Equine Infectious Anemia (EIA), Equine Viral Rhinopneumonitis, Equine Viral Arteritis (EVA), Vesicular Stomatitis or Equine Influenza has occurred at the farm of origin.

(d) The horse has been in the US state of origin for at least 60 days immediately preceding exportation, or the horse is accompanied by a like certificate issued by a government veterinary officer of each country in which the horse has been in during the 60 days immediately preceding shipment to Israel.

(e) During 30 days prior to shipment the horse has not been exposed to equines affected with Equine Viral Rhinopneumonitis, EVA, or Equine Influenza.

(f) Insofar as can be determined, during the 60 days prior to the shipment, the horse has not been on any premises where CEM, EIA, Vesicular Stomatitis, Equine Piroplasmosis, Epizootic Lymphangitis or Ulcerative Lymphangitis has occurred, nor have these diseases occurred on any adjoining premises during this same period of time.

(g) On......................... (date), within 30 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by USDA, where it was submitted to a) immunodiffusion test for EIA (Coggins test) with negative results, and b) a serological test for EVA with negative results.

(h) The animal has not been vaccinated with a live or attenuated or inactivated vaccine during the 21 days preceding exportation.

(i) The said animal was vaccinated for Eastern Equine Encephalomyelitis (EEE) and Western Equine Encephalomyelitis (WEE) on ...........(date), (not less than 14 days preceding the shipment)*
OR*

If not vaccinated for EEE and WEE, the said animal reacted negative to the complement fixation test within 14 days prior to embarkation. Date of sampling: ________________

(j) The animal was not vaccinated against EVA, if the animal was vaccinated against EVA or found positive on serology testing:

* Stallion not earlier than seven days of commencing isolation were subjected to a test for EVA on a blood sample with negative results; and were then immediately vaccinated; and were kept separated from other equidae for 21 days following vaccination; and were revaccinated regularly according to the manufacturer’s instructions.

* Mares and gelding were kept in an establishment where no animals have shown any signs of EVA for the 28 days prior to shipment; and were subjected to a test for EVA, carried out on blood samples collected on two occasions at least 14 days apart within 28 days prior to shipment, which demonstrated stable or declining antibody titres; or were regularly vaccinated according to the manufacturer’s instructions.

(k) A declaration has been received from the exporter stating that the said animal will be transported directly from the premises to the port of shipment in vehicles cleansed and disinfected with an approved disinfectant and without contact with other animals not similarly certified.

(l) The horses will be inspected, in daylight, within 24 hours of export, to determine freedom from signs or symptoms of infectious or contagious diseases as indicated on a VS Form 17-37 which will be included with the export documents.

This certificate is valid for 15 days.

* Delete as appropriate.

Issuing USDA Accredited Veterinarian

Date ________________ Name in block letters ______________________

Place ________________ Signature ____________________________

Endorsing USDA Federal Veterinarian

Date ________________ Name in block letters ______________________
Health Certificate No. ______ (Valid 
Only if the USDA Veterinary Seal 
Appears Over the Certificate #)

Title ____________________________

Signature _________________________