

**Veterinary Health Certificate for Temporary Import of Horses into the State of Qatar from the United States of America**



**Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**1. Consignor:**

**2. Consignee:**

**3. Country Of Origin:**  
USA

**4. State Of Origin:**

**5. Country Of Destination:**  
State of Qatar

**6. Zone Of Destination:**  
\*\*\*\*\*

**7. Place Of Origin:**

**8. Port Of Embarkation:**

**9. Estimated Date Of Shipment:**

**10. Means Of Transport:**

**11. Port of Entry:**

**12. CITES Permit Number:**  
\*\*\*\*\*

**13. Description Of Commodity:**  
Horses

**14. Date of Inspection:**

**15. Total Quantity:**  
1

**16. Additional Information:**  
\*\*\*\*\*

**17. Total Number Of Packages/Containers:**  
\*\*\*\*\*

**18. Identification / Seal Numbers:**  
\*\*\*\*\*

**19. Commodities Intended Use:**  
\*\*\*\*\*

**20. Type Of Admission:**  
Temporary

**21. Identification Of Commodities:**

|  |  |
|--|--|
| <b>Name</b>                                  |  |
| <b>Breed</b>                                 |  |
| <b>Age</b>                                   |  |
| <b>Sex</b>                                   |  |
| <b>Color</b>                                 |  |
| <b>Microchip Number OR Attach Silhouette</b> |  |

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**Certification Statements:**

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

1. To the best of my knowledge, the horse has not had any contact with equidae from a holding that was subjected to quarantine for animal health reasons.
2. The horse has been isolated from equidae of lesser health status for at least 30 days prior to export under veterinary supervision.
3. The horse was treated against internal and external parasites.
4. The horse was examined and does not show any clinical signs of any infectious diseases.
5. Within 30 days of export, the horse was tested for equine infectious anemia, with negative results, by the agar gel immunodiffusion (Coggins) test.

Test Date: \_\_\_\_\_

6. During the 60 days, but not less than 14 days, immediately prior to export, the horse was vaccinated against Equine Influenza.

Date of Vaccination: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**

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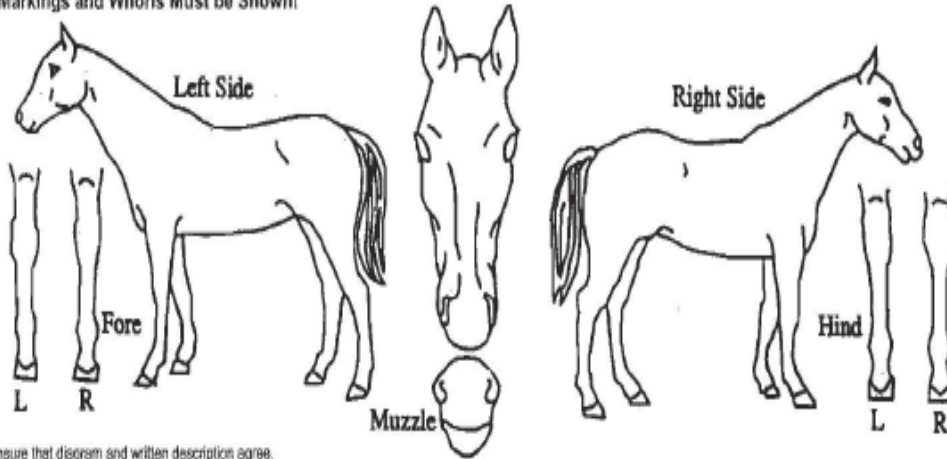
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**Silhouette For Identification of Horses Without a Microchip Exported From the United States of America**

White Markings and Whorls Must be Shown!



Please ensure that diagram and written description agree.

| Name | Breed | Age | Color | Sex |
|------|-------|-----|-------|-----|
|      |       |     |       |     |

**Written Description:**

| HEAD                                  | LIMBS |    |
|---------------------------------------|-------|----|
|                                       | LF    | RF |
| BODY                                  |       |    |
| ACQUIRED MARKS (scars, tattoos, etc.) | LH    | RH |

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.