INTERNATIONAL HEALTH CERTIFCATE HORSES, MULES, AND DONKEYS BEING EXPORTED TO THE TURKS AND CAICOS ISLANDS FROM THE UNITED STATES OF AMERICA

| PART I: Details of Dis | patched Consignmen | it | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--------------------------|-----------------------------|
| I.1. Consignor Name: | | | 1.2. C | Certificate R | eference Numbe | er: | |
| Address: | | | I.3. Veterinary Authority: | | | | |
| Zip Code: | | | | | | | |
| Telephone: | | | I.5. Country of Export United States of America | | | 1.6. IS US | O Code of Export Country |
| Fax: | | | I.7. Country of Destination Turks and Caicos Islands | | I.8. ISO Code TC | | |
| Email: I.4. Consignee | | | I.9. Description of Commodity | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Zip Code: | | | Please use the addendum attached for markings and other features used to identify the animal (s) where applicable. | | | | |
| Telephone: | | | I.10. Commodity Code (HS Code) Tick (v) the appropriate box below | | | | |
| Fax: | | | 010111- Live Pure-bred breeding animals | | | | |
| Email: | | | 0 | 10119- Otł | ner live horses, a | asses, mules and hinnies | |
| I.11. Commodity Intended for use as: Pet Breeding/rearing Competition Education/Exhibition | | | I.12. Total QuantityI.13. Import Admission TypeSingle (Definitive) Entry in TC | | | | |
| I.14. Identification of the Con | nmodities | [| | | | | |
| Species (Scientific Name) | Breed | Sex | | Age | Identificatio Number | on | System of Identification |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PART II: Sanitary Req | uirements | | | 1 | | | |
| | | | | | | | |
| I, the undersigned ACCREDITE | D VETERINARIAN certifies | that the ar | nimal (s |) described | in I.14 above meet | (s) the f | ollowing requirements: |
| II.a. The animal (s) is/are identified by a microchip (that conforms to ISO standards) or a tattoo and the number is recorded at I.14 on this international certificate and on the official passport if one is available. Where possible, the microchip or tattoo number should also be stated on other identification documents. | | | | | | | |
| II.b. The animal(s) has/have been in the country for at least 60 days preceding export; otherwise the exact time that animal(s) has/have been in the country must be specified and copies of all relevant documents must be presented at port of entry. | | | | | | | |
| II.c. That so far as it has been possible to determine no case of Dourine (Mal de Coit), Mal de Caderas, Epizootic Lymphangitis, Ulcerative Lymphangitis, Equine Influenza, Equine Infectious Anemia, Equine Encephalomyelitis (Eastern and Western) or Mange has occurred in the premises from which the animal(s) originated or at any place within 15 miles therefrom, during the 60 days immediately prior to the date of exportation. | | | | | | | |
| II.d. That for a period of one year there have been no cases of Rabies on premises where the animal (s) are kept and that the Animal (s) were separated from wild and feral animals for the 6 months immediately prior to the date of shipment. | | | | | | | |
| II.e. That the horse (s)/donkey (s)/mule(s) has/have been vaccinated against Equine Rhinopneumonitis and Equine influenza. | | | | | | | |
| II.f. That the horse(s)/donkey (s)/mule (s) has been treated for external and internal parasites within 14 days of export. | | | | | | | |
| II.g. The horse (s)/donkey (s)/mule (s) is/are healthy and showing no signs of infectious or contagious disease. | | | | | | | |

| II.2. Continued Certificate Reference Number: | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|
| | | | |
| ISOLATION REQUIREMENTS (This required isolation is not quara | <u>ntine):</u> | | |
| II.h. The animal(s) has/have been certified to be isolated for the prior to export to Turks and Caicos Islands, on a premises a | | | |
| II.i. The animal(s) was/were housed individually (unless they sha Islands and meeting the Turks and Caicos Islands import rec | | | |
| II.j. The animal (s) have dedicated tack equipment. | | | |
| II.k. That no nose-to-nose contact with other equids was allowe | d during this isolation period. | | |
| II.I. Exercising and handling of the horse outside the stall is perrisolation requirements are met. | nitted as long as it occurs on the approved premises and the | | |
| II.m. The isolation can take place where the horse is currently re USDA/APHIS. | esiding once such premises have been approved by the | | |
| NAME: 0 | QUALIFICATION AND TITLE: | | |
| ADDRESS: | | | |
| | SIGNATURE: | | |
| | (different colour than of the printing on this certificate) | | |
| DATE:(dd/mm/yyyy) | | | |
| | | | |
| I, the USDA/AHPIS Veterinarian, declare: | | | |
| That the person intending to export this/these animal (s) to the Turks and Caicos Islands presented me with a legitimate import permit issued by the Animal Health Services Division of the Department of Agriculture, Turks and Caicos Islands, permitting the lawful importation of the animal (s) named herein; | | | |
| That the animal(s) mentioned above has/have remained free from any evidence of infectious and contagious diseases during the isolation period, that it/they did not come into contact with any other animal (s) during this period except ones that meet the import condition in II.i. above; | | | |
| That animal (s) was/ were inspected within 72 hours prior to s contagious diseases. | shipment and was/were found to be free from infectious and | | |
| NAME (All Capitals letters) | QUALIFICATION AND TITLE : | | |
| PLACE STAMP/SEAL HERE | PLACE SIGNATURE HERE | | |
| | (different colour than of printing on this certificate) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Date of Issuance(dd/mm/yyyy) | | | |
| | | | |
| | | | |
| THIS CERTIFICATE IS NOT VALID UNLESS SIGNED BY THE | USDA/APHIS. THIS CERTIFICATE IS FOR ONE USE ONLY | | |
| Notes | | | |
| a. In the event that during the course of transporting the ani | mal to the Turks and Caicos Islands, it was | | |
| transshipped via another country and remained there for t certificate from the Veterinary Authority or from the Quar | | | |
| animal (s) did not leave the quarantine area, noting the pe animal. | 5 | | |
| h All relevant documents (conv of import permit and the | riginals of the Veterinary Health Certificate) must be submitted | | |
| at the port of entry in order to facilitate biosecurity cleara | | | |

| II.2. Continued Certificate Reference Number | |
|----------------------------------------------|--|
| | |

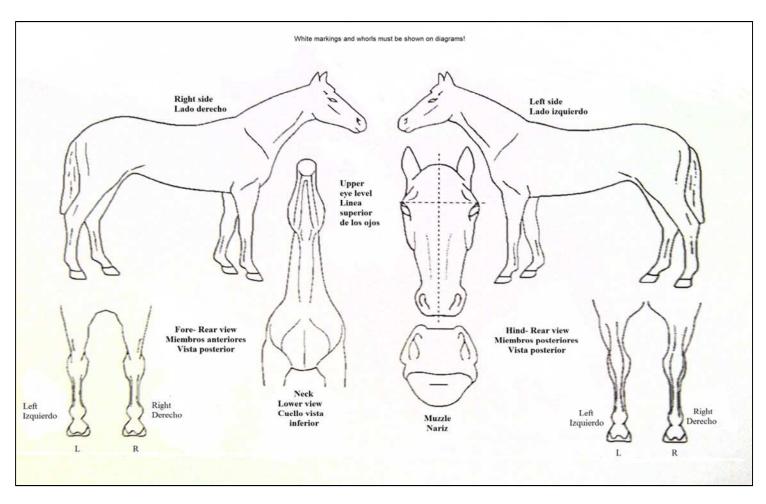
c. Animal Health Services must be given at least 24 hours' notice of the confirmed arrival date, time and vessel/aircraft number and the port of entry to avoid delays in biosecurity clearance of the animal (s).

Explanations

Part

- I.6. "ISO code" refers to the international standard two-letter code (ISO 3166-1 Alpha-2 Code) for a country produced by the International Organization for Standardization.
- I.9. Description of commodity: Please indicate the name, colour, special markings or any other feature that would identify the animal (s)

IDENTIFICATION ADDENDUM FOR HORSES IMPORTED INTO THE TURKS AND CAICOS ISLANDS



Ensure that diagram and written description correspond

| Name | Breed | Colour | Age | Sex |
|------|-------|--------|-----|-----|
| | | | | |
| | | | | |
| | | | | |

Place written description below:

| Head | | Limbs | | |
|----------------|----|-------|--|--|
| Body | LF | RF | | |
| Acquired Marks | LH | RH | | |

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars, or brands. Brands should 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 an (X). If no markings – this fact should be stated.

Name of Accredited Veterinarian

Name of USDA/APHIS Veterinarian

Signature

Signature

Date:_

(dd/mm/yyyy)

Date:____

(dd/mm/yyyy)