## **HEALTH CERTIFICATE**

## FOR THE EXPORT/RETURN OF HORSES FROM APPROVED COUNTRIES TO THE UNITED ARAB EMIRATES AFTER COMPETING IN INTERNATIONAL RACES/COMPETITIONS

		No. of certificate
Country of dispatch:		
I. IDENTIFICATION OF THE H	ORSE	
Species:	Breed - Age - Sex	Method of identification & identification
Horse		
Horse		
1. A passport identifying the equir	ne horse may be attached to this ce	ertificate provided that its number is stated
a) No of identification document (		
b) Validity by:		
	(Name of competent author	
II. ORIGIN AND DESTINATION	N OF THE HORSE	
The horse is to be sent from:		
	(Place of export)	
Directly to:		
(	(Address of place of destination)	
(By Aircraft/Road)	Alan Paraka Alabara and Alanka	
	(Indicate Airline and flight	number)

Name and address of consignor:							
		of consignee:					
III. HE	EALTH INF	ORMATION					
I, the u	ındersigned	, certify that the Horse described above meets the following requirements:					
a)	It comes from						
b)	It has been	n examined today and shows no clinical sign of disease (2)					
c)	It was imported into						
d)	d) It comes from( country of dispatch), a country in which:						
	i)	Venezuelan Equine Encephalomyelitis has not occurred during the last two years:					
	ii)	Dourine has not occurred during the last six months:					
	iii)	Glanders has not occurred during the last six months:					
e)	It comes from (country of dispatch), which is a country considered free of African Horse Sickness in accordance with OIE definitions.						
f)	Whilst in (country of dispatch) it was not on any holding which was subject to prohibition for animal health reasons nor had contact with equidae from a holding which was subject to prohibition for animal health reasons.						
i) ii)	During six months in the case of Equine Encephalomyelitis, beginning on the date on which the equidae suffering from the disease are slaughtered.  In the case of Infectious Anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out						

- three months apart.
- iii) During six months in the case of Vesicular Stomatitis.
- iv) During six months in the case of Equine Viral Arteritis.
- During one month from the last recorded case, in the case of Rabies.
- During 15 days from the last recorded case, in the case of Anthrax

If all the animals of species susceptible to the disease located on the holding have been slaughtered and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of Anthrax, where the period of prohibition is 15 days.

g) To the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration.

	h)		R, during the 90 days immediately prior to export (1), OR, in the case of horses which have come directly ne UAE, during the 365 days immediately prior to export (1), but not within 14 days of export, the horse ed;					
		Either (i) two primary vaccinations against Equine Influenza, in accordance with the manufacturers recommendations, (1). Dates of vaccinations 1(3) 2(3)						
		Or (ii) it received a booster dose to a previously <u>certified</u> course of primary vaccination (1).						
	Date of booster vaccination(3)							
	i)	It is na	amed (	on an official valid import pe	ermit issued by the UAE Ministry of Agriculture and Fisheries			
IV	IV The horse will be sent in a vehicle cleansed and disinfected in advance within a disinfectant officially recognised in the country of dispatch and designed in a way that droppings, litter or fodder cannot escape during transportation.							
The following declaration signed by the owner or representative is part of the certificate.								
V. The certificate is valid for 10 days.								
Date			Place	Stamp (*) and signature of the official veterinarian				
(Name in block letters, qualification and title)  (*) The colour of the stamp must be different to that of the printing								

## **DECLARATION**

I, tl	ne undersigned,(Insert Name in block letters)					
	(Owner or representative (1) of the animal described above)					
Dec	clare					
1.	The horse will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equidae not of the same health status.					
2. The conditions of paragraph III (d) are fulfilled;						
	(Place, date) (Signature)					
1.	Delete as appropriate.					
2.	This certificate must be issued on the day of loading of the horse for dispatch to the place of destination or on the last working day before embarkation.					
3.	Insert date.					