

**Model Veterinary Health Certificate for Importation of Horses Into The United States  
From Regions Affected With Foot and Mouth Disease and Requiring a Three Day Quarantine**

**Veterinary Authority**

**Date Of Issue**

**Health Certificate Number**

**1. Consignor:**

**Name**

**Address**

**Country**

**2. Consignee in the United States:**

**Name**

**Address**

**Country**

**3. Country Of Origin/ISO code:**

**4. State Of Origin:**

**5. Premise/Farm Of Origin:**

**Name**

**Address**

**6. Port Of Embarkation/ Entry Point/ Border Port:**

**7. Estimated Date Of Shipment:**

**8. Means Of Transport:**

**9. Place of Destination**

**10. Description: \*Registered Name/Breed/Color/Sex/Distinctive Markings:**

**\*Clear identifications must accompany this certificate: photographs, brand, tattoo, microchip, and/or a silhouette indicating markings.**

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This is to certify that on \_\_\_\_\_ (date) I examined the horse identified above:

The horse was in the country of export for the last 60 days immediately preceding exportation to the United States. If residing in the country for less than 60 days the horse is accompanied by a like health certificate issued by a full-time salaried veterinary officer of the National Government of each country in which the horse has been during the 60 days immediately preceding shipment to the United States, with the residency dates spent in each country specified.

The horse has been inspected and found to be free of contagious diseases and, insofar as can be determined, not exposed to any communicable diseases during the 60 days immediately preceding exportation, or if applicable, during the indicated period of residency in any of the countries listed.

The horse has not been vaccinated with a live, attenuated or inactivated vaccine during the 14 days immediately preceding exportation.

The horse has not been on premises where African horse sickness, dourine, glanders, surra, epizootic lymphangitis, ulcerative lymphangitis, equine piroplasmiasis, equine infectious anemia, contagious equine metritis, vesicular stomatitis, or Venezuelan equine encephalomyelitis has occurred during the 60 days in the countries where the horse has resided immediately preceding exportation, nor have these diseases occurred on any adjoining premises during the same period of time.

The horse has been examined and found to be free of ectoparasites.

The horse has not been in a country where CEM is known to exist, and has not had contact, breeding or otherwise, with horses from such country, for the 12 months preceding exportation.

## II. Foot and Mouth Mitigations:

1. Within the five (5) days immediately prior to export, this horse has not been on any premises or quarantined area identified to be infected with FMD, nor has the above horse been in direct or indirect contact with domestic or wild ruminants or swine that have been in a FMD quarantine area or on an FMD affected or quarantined premises.

2. The following procedures were performed in the exporting country to loading for departure:

(a)The horse was groomed to remove dirt and debris, and subsequently wiped, sprayed and/or sponged down with vinegar or a solution of 6.5 ounces of concentrated glacial acetic acid in 1 gallon of water or another approved disinfectant.

(b)The horse's hooves were cleaned and disinfected with a 4% sodium carbonate (soda ash) solution or Virkon S in a manner to ensure that the hooves are free of dirt, manure and debris.

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(c)Prior to loading the horse, all crates and transportation vehicles were cleaned and disinfected with an approved product.

(d)Any equipment (tack, blankets, sheets, leg wraps, etc.) accompanying the horse has been laundered or cleaned to remove dirt and debris prior to disinfection with an approved product.

(e)The equipment was cleaned and disinfected with a 4% sodium carbonate (soda ash) solution immediately prior to shipment. The disinfectant used will have removed the risk of this equipment transmitting the foot-and-mouth disease virus.

Signature of Examining Veterinarian: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Official Veterinarian: \_\_\_\_\_

(Authorized veterinarian for the National Veterinary Services OR officially recognized full-time animal health government representative.)

Date \_\_\_\_\_