



Certificate no. ....

APPENDIX B

**Additional certification to be completed when the horse has resided in an approved country (or countries)<sup>1</sup> other than the exporting country during the 60 days before export to Australia**

Name of horse: \_\_\_\_\_ Identification: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

To be completed by the owner / person responsible for the horse

I, ....., being the owner or representative of the owner of the horse listed above declare that:

1. The horse was continuously resident from ..... to ..... (dates), which is during the 60 days immediately before export to Australia, in .....the United States.....(name of approved country) at .....(address/es).

a. For all horses (excluding donkeys and mules), excluding geldings and unweaned foals under six months of age:

The horse has not been mated to, or inseminated with semen from, a horse that was, at the time of mating or semen collection, known to be infected with *Taylorella equigenitalis*.

Note: if a horse does not meet this requirement, or has been known to be infected with *T. equigenitalis*, it may be permitted entry subject to an approved method of treatment and testing considered appropriate by the Director of Biosecurity (or delegate).

b. The horse has not been treated with imidocarb, or other anti-babesial agents active against *Babesia caballi* or *Theilaria equi*, during the 12 months before commencement of pre-export quarantine for export to Australia.

c. The horse has not tested positive in any test for equine piroplasmiasis (*B. caballi* or *T. equi*) for at least 12 months before commencement of pre-export quarantine for export to Australia.

d. The horse has not been vaccinated against African horse sickness or Venezuelan equine encephalomyelitis during the 60 days before export to Australia.

e. \* (For US and Canada only, if no premises freedom declared at 2.d) During the 12 months before export, the horse was vaccinated against Eastern and Western equine encephalomyelitis using a registered vaccine.

f. \*(For Japan, Hong Kong Special Administrative Region and Singapore) During the 12 months before export the horse was vaccinated against Japanese encephalitis using a registered vaccine.

<sup>1</sup> Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong Special Administrative Region, Japan, Italy, Luxembourg, Macau, the Netherlands, New Caledonia, New Zealand, Portugal, Republic of Iceland, Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.

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\* Can be struck through if not applicable

Name: .....

Signature: .....

Date: .....

To be completed by the Official Veterinarian<sup>#</sup> of each country that the horse resided in before the exporting country.

I, ..... (insert name), a USDA Accredited Veterinarian of .....the United States..... (name of approved country), hereby certify that:

<sup>#</sup> Official Veterinarian means a veterinarian authorised by the Veterinary Authority of the approved country to perform certain official tasks associated with animal health and/or public health, and inspections of commodities and, when appropriate, to certify in conformity with the provisions of Chapters 5.1. and 5.2. of the World Organisation for Animal Health (OIE) Terrestrial Animal Health Code.

2. During the period noted in point 1, the horse listed above was free of quarantine restriction while in .....the United States..... (name of approved country) where:

- a. No clinical, epidemiological or other evidence of glanders occurred during the previous three years and the disease is compulsorily notifiable.
- b. No clinical, epidemiological or other evidence of African horse sickness, dourine or Venezuelan equine encephalomyelitis occurred during the previous two years and the diseases are compulsorily notifiable.
- c. \*No clinical, epidemiological or other evidence of vesicular stomatitis occurred during the previous two years and the disease is compulsorily notifiable.

**OR**

\*No clinical, epidemiological or other evidence of vesicular stomatitis occurred in any species during the previous 90 days before export at the premises of residence listed above at point 1. and the disease is compulsorily notifiable.

- d. \*No clinical, epidemiological or other evidence of Eastern or Western equine encephalomyelitis occurred during the previous two years.

**OR**

\*No clinical, epidemiological or other evidence of Eastern or Western equine encephalomyelitis occurred at the premises of residence listed above at point 1. during the previous 90 days.

**OR**

\*As declared at point 1. e., during the 12 months before export, the horse was vaccinated against Eastern and Western equine encephalomyelitis using a registered vaccine.

- e. \*No clinical, epidemiological or other evidence of Japanese encephalitis occurred during the previous 12 months.

**OR**

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\*As declared at point 1. f., during the 12 months before export the horse was vaccinated against Japanese encephalitis using a registered vaccine.

- f. \*No clinical, epidemiological or other evidence of screw-worm-fly (*Cochliomyia hominivorax* or *Chrysomya bezziana*) myiasis occurred during the previous 12 months.

**OR**

\*No clinical, epidemiological or other evidence of screw-worm-fly (*Cochliomyia hominivorax* or *Chrysomya bezziana*) myiasis occurred in any species during the previous 90 days before export at the premises of residence listed above at point 1. and the disease is compulsorily notifiable.

- g. \*No clinical, epidemiological or other evidence of surra (*Trypanosoma evansi*) occurred (in any species) during the previous 12 months.

**OR**

\*No clinical, epidemiological or other evidence of surra occurred in equids during the previous 12 months before export.

**AND**

\*No clinical, epidemiological or other evidence of surra occurred on the premises of residence listed above at point 1. during the previous 12 months before export.

- h. No clinical, epidemiological or other evidence of rabies occurred on the premises of residence listed above at point 1. during the previous 12 months before export.
- i. No clinical, epidemiological or other evidence of Borna disease occurred on the premises of residence listed above at point 1. during the previous 90 days before export.
- j. No clinical, epidemiological or other evidence of contagious equine metritis, epizootic lymphangitis, equine infectious anaemia, equine piroplasmiasis or Lyme disease occurred on the premises of residence listed above at point 1. during the previous 60 days before export.
- k. No clinical, epidemiological or other evidence of anthrax, equid herpesvirus-1 (abortigenic and neurological strains), equine influenza or equine viral arteritis occurred on premises of residence listed above at point 1. during the previous 30 days before export.

\*Delete as appropriate

USDA Accredited Veterinarian

Name: .....

Address: .....  
.....

Signature: .....

Date: .....

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USDA APHIS Veterinarian

Official stamp

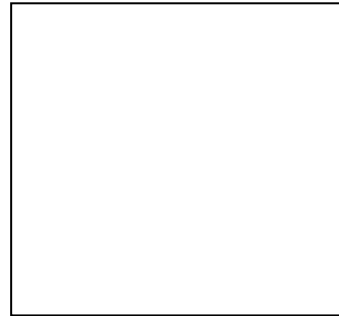
Name: .....

Official position: .....

Address: .....  
.....

Signature: .....

Date: .....



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