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| **ANEXO 2 b.2.:**  QUESTIONAIRE FOR THE APPROVAL OF PREMISES PROVIDING REPRODUCTION ANIMALS EXCEPT BIRDS | **Edition No**: |
| **Date of approval:** |
| **PROCESS: ANIMAL HEALTH** | **SUBPROCESS: ANIMAL HEALTH CERTIFICATION** |

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**ANEXO 2 b.2:** QUESTIONAIRE FOR THE APPORVAL OF PREMISES PROVIDING REPRODUCTION ANIMALS EXCEPT BIRDS

**1.- General information:**

* Name of the premise:
* Address of the premise:
* Name of the owner/ Legal representative:
* Telephone:
* email:
* Name of the officially accredited veterinarian:
* Purpose of the animal species to be exported:

Beef( ) Dairy Double purpose ( ) Sport, Wool

Other Specify .

* Breed of the animals to be exported:
* Number and date of registration with the Official Veterinary Service (OVS).

as exporter of the animal species (scanned documents)

2.- Location of the premise:

* Geographic Coordinates.
* Aerial map of the premise (Google Earth).

**3.- Facilities and installed capacity in the premise:**

* Extension (Hectares) of pastures available for the animal species to be exported:
* Established Infrastructure **:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **NO** | **YES** | **Area (ha)** |
| Offices |  |  |  |
| Warehouses |  |  |  |
| Personal residence |  |  |  |
| Diagnostic germoplasm laboratory (in the case of collecting and processing animal Germoplasm) |  |  |  |
| Water treatment plant (if existing) if not process of water treatment: |  |  |  |

**Area (m2- square meters) used for other animals:** (if affirmative indicate the species)N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of the areas** | **NO** | **YES** | **Area (m2)** | **Species** |
| For quarantine |  |  |  |  |
| Barns |  |  |  |  |
| Used for other species (avian, equine, ovine, bovine, caprine, porcine, for other specify) |  |  |  |  |

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* **4.- Sanitary information of the premise:** specify the number of animals per species and describe the production system of the premise.

|  |  |  |
| --- | --- | --- |
| **Animal species** | **Age category** | **Number** |
| **Bovine** |  |  |
| **Equine** |  |  |
| **Porcine** |  |  |
| **Ovine** |  |  |
| **Caprine** |  |  |
|  |  |  |
| **South American camelids** |  |  |

Specify the movement control mechanism (between premises or States in the country of origin)

Special transportation for cattle (closed).

Are there existing facilities for the concentration of animals at a distance of 10 kilometers around the premise? According to the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITIES** | **YES** | **NO** | **DISTANCE** |
| Slaughter plant |  |  |  |
| Garbage Landfill |  |  |  |
| Animal markets |  |  |  |
| Other specify |  |  |  |

* Describe the process of quarantine done at the entry into the premise of the imported and local animals in the last 2 years.
* Describe the process of quarantine done to the animals for exportation.
* Describe the process of quarantine done intra premise (national animals).
* Sanitary established program (calendar of vaccinations deworming).
* List the official programs of control, prevention and eradication in which the premise participates (of official control and mandatory notification). If affirmative attach documents.
* Indicate the reasons why the Veterinary Official Service (OVS) has visited the premise in the last 2 years. (include documents if applicable)
* Has there been any suspected diseases of mandatory declaration that affect the animal species to be exported? If affirmative fill the following chart.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of notification of the owner to the OVS** | **Clinical signs observed** | **Final diagnosis** | **Sanitary measure applied** |
|  |  |  |  |
|  |  |  |  |

* Describe the sampling done with the objective of verifying the presence or absence of the mandatory declaration diseases to the OIE by the OVS according to the following chart:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of sampling** | **Disease** | **Number of animals sampled** | **Number of positives** | **Sanitary measure applied\*** | **Number of negatives** |
|  |  |  |  |  |  |
| N/A | N/A | N/A | N/A | N/A | N/A |
|  |  |  |  |  |  |

\*Only in the case of animals with positive results

Is the animal species to be exported receiving complementary feeding in the premise?

Yes \_\_\_\_\_No\_\_\_\_\_

Specify:

Are products or byproducts of animal origin being used for feed of the animal species to be exported?:

YES \_\_\_\_\_ NO\_\_\_\_\_\_\_

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The water for animal consumption comes from:

Potable water:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

River basin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rain water:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treated water:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify the treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.- ¿Is there a system for the disposal of dead animals according to current regulations? (specify)**

**6.- Standardized operations program for management of solid and liquid disposal and effluents.**

**7.- List of veterinary products and times of withdrawal managed in the premise.**

**8.- Good practices:** if the premise is certified in good animal practices for dairy, beef, double purpose, wool, sports, other specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach scanned documents that certify this.

**9.- Explanation about the personnel training method.**

**10.- List of countries to which the animal species has been exported during the last 2 years:** in the case that the premise has done exportations before them complete the following chart:

:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of exportation** | **Country of destination** | **Number of animals** | **Breed** |
|  |  |  |  |
|  |  |  |  |

**11.- Animal welfare:** if the premise has certifications related to Animal Welfare with the OVS please attach the scanned documents that certify this.

**12.- Biosecurity:** Specify the method of External barriers of the premise:

Natural barriers:

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perimeter fence:

Specify the material used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the premise have records off:

|  |  |  |
| --- | --- | --- |
| **Concept** | **YES** | **NO** |
| Entry of persons |  |  |
| Use of medicines |  |  |
| Entry of Vehícules |  |  |
| Visits of the OVS |  |  |

* Is there pest and rodent control: YES\_\_\_\_NO\_\_\_\_\_ (Attach supporting documents).
* Is there cleaning and disinfection of the facilities: YES\_\_\_NO (Attach supporting documents
* Biosecurity measures implemented to avoid the entry to the premise of pathogenic agents through working

personnel, visits and/or equipment: YES\_\_\_\_NO \_\_\_ (Explain procedures).