

STATE OF ISRAEL MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT VETERINARY SERVICES AND ANIMAL HEALTH

Veterinary certificate to accompany fresh frozen hides and skins to Israel

Exporting country:		Certificate No.:
		Certifying department:
I.	Identification Description of product and specie	s:
		Freezing temperature: °C
	Number of packages:	Net weight:
II.	Origin Name, address and approval number of the producer:	
III.	Destination The product will be sent From:	To:(country and place of destination)
	By the following means of transpo	(the flight number or the name of the ship)
	Container(s) No(s):	(the fight number of the name of the ship) Seal(s) No(s):
IV.	Declaration:	
	export to Israel and supervite 2. The products described abore a. originated in areas (30 leads of the specific to the specific under movement restriction of the specific under movement restriction of the specific under movement restriction of the specific under movement restriction. b. (1) either [- were slaughter country legislation;] (1) or [-were slaughter a result of such inspection of such inspection of the specific under the specific un	hment which is approved by the State Veterinary Services for the local market as well as for ised by an official or accredited veterinarian; ove have been derived from animals ⁽¹⁾ /fetuses which were recovered from animals ⁽¹⁾ that: cm radius) free of known outbreaks, of all diseases transmissible by the certified product in the OIE Notifiable diseases, and from establishments that were not placed ctions for the control of anthrax; hered and their carcasses are fit for human consumption in accordance with the exporting red in slaughterhouses, after undergoing ante-mortem inspection, and were considered fit, as section, for slaughter for human consumption in accordance with the exporting country any clinical signs of any disease communicable to humans or animals through the hide or red to eradicate any epizootic disease;] rozen at the place of origin immediately after slaughtering.
	(1)Delete as appropriate	
	Date	Full Name & Title of Official Veterinarian

Place___

