



מדינת ישראל

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

Veterinary Health Certificate to accompany **SPF Eggs** to Israel

Certificate No. _____

I. Identification

Eggs (species)	Number of eggs	Number of packages	Nature of packages	Batch number	Net weight

Date of collection _____

II. Origin

country of origin _____

Name, address, approval number of the place of dispatch _____

Name and address of consignor _____

III. Destination

From _____
(Place of loading)

To _____
(Place of destination)

Means of transport _____
(Name of ship/flight No.)

Container No. _____ Seal No. _____

Name and address of consignee _____

IV. Health attestation Health attestation

I, the undersigned USDA accredited veterinarian, hereby certify that the pathogen-free eggs described in Part I of this certificate:

- 1) come from the establishment, which
 - a) is under the control of the competent authority of the country or territory of origin and has a system in place to maintain and to keep records.
 - b) complies with the conditions described in the European Pharmacopoeia.
 - c) is approved by the competent authority of the exporting country of origin, the approval of which has not been suspended or withdrawn.
 - d) receives regular animal health visits from a veterinarian for the purpose of the detection of, and information on, signs indicative the occurrence of diseases, including the relevant listed diseases referred to in WOAHP Terrestrial Animal Health Code at a frequency that is proportional to the risk posed by the establishment.
 - e) was not subject to national restriction measures for animal health reasons, including for the listed diseases referred to in the WOAHP Terrestrial Animal Health Code relevant for the species and emerging diseases, at the time of dispatch of the eggs to the state of Israel.

- 2) come from a flock which:
 - a) has been kept for a continuous period of at least 6 weeks prior to the date of collection of the eggs for dispatch to the state of Israel in the establishment referred to in point II.
 - b) is free from specified pathogens as described in the European Pharmacopoeia and clinical examinations required for this specific status have been favourable, including negative testing results for highly pathogenic avian influenza, infection with Newcastle disease virus and infection with low pathogenic avian influenza viruses carried out within the period of 30 days prior to the date of the collection of the eggs for dispatch to Israel.
 - c) Has been clinically examined at least once a week as described in the European Pharmacopoeia and no disease symptoms or ground for suspecting the presence of any diseases were detected.
 - d) Has had no contact with poultry of a lower health status, or with birds for a period of at least 6 weeks prior to the date of collection of the eggs.
 - e) did not show symptoms of transmissible diseases at the time of collection of the eggs.
- 3) where:
 - a) marked using colour ink, with a stamp indicating the ISO code country of origin and the unique approval number of the establishment of origin.
 - b) disinfected in accordance with the instructions of the competent authority of the country of origin.
- 4) are loaded for dispatch to the state of Israel in containers which:
 - a) are constructed in such a way that the eggs cannot fall out.
 - b) are designed to allow cleaning and disinfection.
 - c) contain only eggs of the same species, category and type coming from the same establishment.
 - d) are closed in accordance with the instructions of the competent authority of the country of origin to avoid any possibility of substitution of the content.
 - e) are disposable, clean and used for the first time.
 - f) are loaded for dispatch to the state of Israel in a means of transport which is constructed and was cleaned and disinfected with a disinfectant authorised by the competent authority of the country of origin and dried or allowed to dry immediately before loading of the eggs for dispatch to Israel.

Done at _____

USDA Accredited Veterinarian (Name in capital letters)

On _____

Signature _____

Done at _____

USDA Federal Veterinarian (Name in capital letters)

On _____

Signature _____

Official Seal

*) Delete as appropriate

Signature and stamp must be in a different color to that of the printing