


Veterinary Health Certificate for Export of Horses from the United States of America to Jordan			
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number	
1. Consignor:		2. Consignee:	
3. Country Of Origin: USA		4. State Of Origin:	
5. Country Of Destination: Jordan		6. Zone Of Destination: *****	
7. Place Of Origin:		8. Port Of Embarkation / Border Crossing:	
9. Estimated Date Of Shipment:		10. Means Of Transport:	
11. ***** *****		12. CITES Permit Number: *****	
13. Description Of Commodity: Horses		14. Date Of Inspection:	
15. Total Quantity:		16. Additional Information:	
17. Total Number Of Packages/Containers:			
18. Identification / Seal Numbers:			
19. Commodities Intended Use: N/A		20. Type Of Admission:	
21. Identification Of Commodities: (See next page) ***** ***** *****			

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21. Identification Of Commodities: Continued

Names of Animals	Sex	Breed	Age	Identification

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Additional Field(s):

Import permit number(s) (if applicable) :	
Place of residence of animals since birth or for the last 60 days :	
Name and address of pre-export isolation premises (if different from above) :	
Address of destination :	

Certification Statements:

I, the undersigned USDA Accredited Veterinarian, certify that the animals described above meet the following requirements:

1. The United States is free from African horse sickness, dourine, glanders, and Venezuelan equine encephalitis.
2. The horse(s) originate from premises in which there have been no cases of contagious equine metritis (CEM), Eastern and Western equine encephalitis during six months prior to export.
3. No case of vesicular stomatitis has been diagnosed on the premises of origin of the horse(s) or within 10 km of the premises of origin of the horse(s) during the 6 months prior to export.
4. Horses over six months of age were vaccinated for Eastern and Western equine encephalitis, equine influenza, and West Nile virus.
5. The horse(s) were treated for external and internal parasites within 30 days of export.

Name of Internal Parasite Treatment Administered: _____
Date of Administration: _____

Name of External Parasite Treatment Administered: _____
Date of Administration: _____

6. The horse(s) were isolated from other animals under official supervision for 30 days prior to export.

Start Date of Isolation: _____

7. The horse(s) were examined on the date of issuance of the health certificate and showed no clinical signs of infectious or contagious equine diseases.

8. The vehicle used to transport the horse(s) to the port of embarkation will be cleaned and disinfected prior to use with an approved product.

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TESTING INFORMATION

The horses were tested for the following diseases, with negative results, within 21 days prior to export (with the exception of CEM):

a. Equine infectious anemia: Coggins test (agar-gel immunodiffusion test) or ELISA.

Test Method Used: _____

Date of Sample Collection: _____

b. Equine viral arteritis (unvaccinated horse only): Complement fixation (CF) negative at 1:10, virus neutralization (VN), enzyme-linked immunosorbent assay (ELISA), virus isolation (VI), reverser-transcription polymerase chain reaction (RT-PCR), or agar gel immunodiffusion (AGID).

Test Method Used: _____

Date of Sample Collection: _____

c. Vesicular stomatitis: ELISA or virus neutralization.

Test Method Used: _____

Date of Sample Collection: _____

d. Contagious equine metritis (CEM): Stallions and mares over 731 days of age were subjected to tests for the detection of the agent, with negative results, carried out on samples collected on three occasions within a 12-day period, with an interval of no less than three days between sample collections, the last one being carried out within 30 days prior to shipment. Horses have not been treated with antibiotics for at least 7 days nor subjected to antiseptic washing of genital mucous membranes for at least 21 days prior to the first sample collection, and have not been mated or inseminated after the first sampling.

First Test Sample Collection Date: _____

Second Test Sample Collection Date: _____

Third Test Sample Collection Date: _____

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date