


Veterinary Health Certificate for Export of Sheep and Goats from the United States of America to Kenya		
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	
1. Consignor:		2. Consignee:
3. Country Of Origin: USA	4. State Of Origin:	
5. Country Of Destination: Kenya	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: Sheep and Goats	14. Date Of Inspection:	
15. Total Quantity:	16. Additional Information:	
17. Total Number Of Packages/Containers:		
18. Identification / Seal Numbers:		
19. Commodities Intended Use:		20. Type Of Admission:
21. Identification Of Commodities: (See next page) ***** ***** *****		

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21. Identification Of Commodities: Continued

Official Identification	Breed	Other Identification	Age (Months)	Species	Sex

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Date Of Issue**Certificate Number****Certification Statements:**

I, the undersigned USDA Accredited Veterinarian, certify the following statements:

1. The United States is free of foot-and-mouth disease without vaccination, sheep and goat pox, peste des petites ruminants, contagious caprine pleuropneumonia, and Rift Valley fever, in accordance with the WOAHP Terrestrial Animal Health Code.

2. The animals were born or legally imported into the United States.

3. Scrapie is a notifiable disease in the United States.

4. The feeding to sheep and goats of meat-and-bone meal or greaves of ruminant origin is banned and effectively enforced in the United States.

5. Each animal is identified by a permanent identification system recognized by the USDA.

6. During the 12 months prior export, the States of origin of the animals have not reported/confirmed any clinical cases of caprine/ovine brucellosis (*Brucella melitensis*).

7. The animals have been in isolation for a minimum of 30 days prior to export, in facilities approved by a USDA Accredited Veterinarian where there have been no cases of vesicular stomatitis reported during that time.

8. The flock(s) of origin:

a. Has not had a confirmed case of clinical scrapie in the last seven (7) years prior to export.

b. Has had no clinical cases of tuberculosis, and/or caprine arthritis/encephalitis, and/or maedi-visna in the last three (3) years prior to export, OR were tested as listed below.

c. Has had no clinical cases of *Chlamydia abortus* (enzootic abortion of ewes) and *Mycobacterium paratuberculosis* (Johne's disease) in the last two (2) years prior to export.

d. Has had no clinical cases of bovine brucellosis (*Brucella abortus*), contagious epididymitis (*Brucella ovis*) or paratuberculosis, in the last twelve (12) months prior to export.

e. Has had no clinical cases of contagious agalactia in the last six (6) months prior to export.

f. Has had no clinical cases of leptospirosis in the ninety (90) days prior to export.

9. None of the animals in the shipment have been designated for destruction / removal due to disease eradication measures.

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10. During isolation all animals were treated with _____, a product that provides broad-spectrum coverage against internal parasites, and with _____, an approved product for use against external parasites.

11. During isolation all animals were treated with _____, an effective antimicrobial against leptospirosis.

12. During isolation all animals were treated with _____, an insect repellant effective against vectors that transmit vesicular stomatitis.

13. Animals were inspected during isolation and showed no signs of contagious or communicable diseases to sheep and goats, including leptospirosis, Johne's disease, and vesicular stomatitis virus.

TEST REQUIREMENTS:

All animals must be tested during the isolation period, with the exception of tuberculosis, with negative results as prescribed below:

1. Tuberculosis (*Mycobacterium bovis*), (for goats only, if required), tested within 90 days of export: Intradermal caudal fold tuberculin test, or other test accepted by APHIS.

Test Date: _____

2. Bluetongue: AGID (Agar-gel immunodiffusion)* test, or ELISA,* or PCR, or other test accepted by APHIS.

Test Date: _____

*If an animal had positive results for bluetongue virus antibodies, the animal was tested for bluetongue virus agent with negative results prior to export.

3. Maedi-visna (for sheep only, if required): AGID, or CF test, or ELISA, or other test accepted by APHIS.

Test Date: _____

4. Caprine Arthritis Encephalitis (for goats only, if required): Serology, or other test accepted by APHIS.

Test Date: _____

5. Vesicular stomatitis virus, tested after day 21 of isolation (only required if state of origin has not been free of VSV for at least 30 days prior to export).

Test Date: _____

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EMBARKATION STATEMENTS:

1. During transit, animals will not be comingled with any animals of lesser health status.
2. The loading of the animals was carried out in vehicles or containers previously cleaned and disinfected using an approved disinfectant.
3. The animals will receive USDA veterinary inspection within 48 hours of export, and be found free of evidence of communicable diseases, and fit to travel.

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date