



VETERINARY HEALTH CERTIFICATE FOR EXPORT OF BOVINE EMBRYOS FROM THE UNITED STATES OF AMERICA TO NIGERIA

Exporting country: **United States of America**

Ministry of: **U.S. Department of Agriculture (USDA)**

Department: **Animal and Plant Health Inspection Service (APHIS)**

State of Origin: _____

I. Identification of embryo donor(s)

Official Identification	Breed	Sex	Age

Note: If more than 10 animals are shipped, a separate table is made, signed by the USDA accredited veterinarian and becomes part of this certificate.

Name and address of consignor:

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Name and address of consignee:

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II. Sanitary information

PART A:

General Requirements:

- 1) The United States is free of contagious bovine pleuropneumonia, foot and mouth disease, lumpy skin disease, and Rift Valley fever, without vaccination.
- 2) The United States is recognized by the WOA as having negligible BSE risk.
- 3) The embryos for export were produced with semen that meets the import health requirements for import to the United States, or the WOA Terrestrial Animal Health Code, or the "Certified Semen Services (CSS) Minimum Requirements for Disease Control of Semen Produced for Artificial Insemination," or equivalent.
- 4) The embryos for export were collected, processed and stored in accordance with the procedures established by the International Embryo Technology Society (IETS), as applicable.

**PART B:****1) Bovine Brucellosis:**

- i. Showed no clinical sign of bovine brucellosis on the day of collection of embryos/oocytes;
- ii. Were not vaccinated against brucellosis in the past 3 years, other than RB51;
- iii. Were kept in a herd located in states officially certified as free of bovine brucellosis;
- iv. Were kept in a herd in which no clinical cases of bovine brucellosis were officially reported during the 6 months prior to collection of embryos/oocytes.

2) Bluetongue Virus (BTV):

For *in vitro* produced bovine embryos:

- i. The donor females showed no clinical signs of bluetongue on day of collection, AND
EITHER
 - a. Were subjected to a serological test according to the WOAHS Terrestrial Manual to detect antibody to the BTV group between 28 and 60 days after collection, with negative results;***OR**
 - b. Were subjected to an agent identification test according to the WOAHS Terrestrial Manual on a blood sample taken on the day of collection, with negative results.*

3) Campylobacteriosis:

- i. The animals showed no clinical signs of campylobacteriosis on the day of collection of embryos/oocytes;
- ii. Only females which have been mated through natural service require culture of vaginal mucus, and were negative.

4) Bovine Tuberculosis (TB):

- i. Donor females originate from a herd free from infection with *M. tuberculosis* complex in a country or zone free from infection with *M. tuberculosis* complex; OR
- ii. Were kept in a herd free from infection with *M. tuberculosis* complex; AND were subjected to a test for infection with *M. tuberculosis* complex with negative results during an isolation period of 30 days in the establishment of origin prior to collection.
- iii. Showed no clinical sign of *M. tuberculosis* on the day of collection of embryos/oocytes.

5) Trichomonosis:

- i. The animals showed no clinical signs of trichomonosis on the day of collection of embryos/oocytes;
- ii. Only females which have been mated through natural service require direct microscopic examination and culture of vaginal mucus, and were negative.

6) Bovine Anaplasmosis:

- i. Showed no clinical sign of bovine anaplasmosis on the day of collection of embryos/oocytes;
- ii. Were kept in a herd in which no clinical cases of bovine anaplasmosis were officially reported during the 6 months prior to collection of embryos/oocytes; **AND**
EITHER
 - a. Were subjected to a diagnostic test for bovine anaplasmosis with negative results **OR** within 21-60 days AFTER collection of embryos;*
 - b. Were treated with an effective drug such as oxytetracycline twice at an interval of 72 hours at a dose of 22 mg/kg and the last shot administered 24 hours prior to collection, and were treated with an acaricide and, if necessary, a repellent against biting insects prior to collection of embryos and were completely free of ticks.*

7) line out as appropriate.



Certificate/Serial No: _____

Signature of USDA Accredited Veterinarian.....

Name of USDA Accredited Veterinarian.....

Address.....

NAN No..... Date.....

Signature of APHIS Endorsing Veterinarian.....

Name of APHIS Endorsing Veterinarian

Office Address.....

Date.....