

## Veterinary Health Certificate for Export of Horses from the United States of America to Philippines


**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:**

Philippines

**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)

 \*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

Veterinary Health Certificate for Export of  
Horses from the United States of America to Philippines



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

21. Identification Of Commodities: Continued

Row #	Official Animal Identification	Registered Name	Breed	Sex	Age (in months)	Other Description (Silhouette required)

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

**Veterinary Health Certificate for Export of  
Horses from the United States of America to Philippines**



**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**Additional Field(s):**

<b>SPS Import Clearance No. (SPSIC):</b>	
<b>SPSIC Date Issued:</b>	
<b>SPSIC Must Ship Out by Date:</b>	
<b>Port of Arrival Name &amp; City:</b>	
<b>Country(ies) of Transit, if any:</b>	
<b>APHIS-Approved Isolation Start Date:</b>	
<b>APHIS-Approved Isolation Name &amp; Address:</b>	
<b>County &amp; State of Origin:</b>	

**Certification Statements:**

I, the undersigned USDA accredited veterinarian, certify the following:

1. The United States of free of African Horse Sickness (AHS) and Glanders.
2. Either the United States is free of Nipah virus, Japanese Encephalitis, and Salmonella abortus-equi; OR the horses for export were tested negative using ELISA or PCR.
3. The animals underwent a minimum of thirty (30) days pre-export isolation in premises approved by USDA, APHIS.
4. The animals were maintained in isolation to prevent direct contact with other non-tested animals from the time testing began, until export.
5. The animals for export were born and raised or legally imported in the United States.
6. The animals originate from farm/s and/or herds which, to the best of my knowledge and belief as the issuing veterinarian, have not had any outbreak or confirmed case 12 months prior to movement, and that the animals are free of clinical signs of the following diseases:
  - a. Dourine
  - b. Equine Encephalomyelitis (Eastern & Western)
  - c. Equine Rhinopneumonitis
  - d. Glanders
  - e. Strangles
  - f. Venezuelan Equine Encephalomyelitis (VEE)
  - g. Surra
  - h. Japanese Encephalitis
  - i. Vesicular stomatitis virus (VSV)
  - j. Equine Viral Arteritis (EVA)
7. The animals were isolated prior to shipment and were tested negative or vaccinated or treated as prescribed below during the mandatory pre-export isolation prior to

**Veterinary Health Certificate for Export of  
Horses from the United States of America to Philippines**



**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

-----  
**Additional Field(s):**  
-----

**Certification Statements:**

export for the following (test date and methods used indicated on the table below):

NOTE: Pooling a maximum of 5 samples is allowed for PCR testing. Vaccination shall be performed according to the manufacturer's instruction.

a. Equine Infectious Anemia: Agar-gel Immunodiffusion (Coggins) test.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

b. Piroplasmosis: Stained smear or ELISA or PCR.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

c. Equine Influenza:

[O] tested negative using ELISA or PCR.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

[O] were vaccinated against equine influenza.

Date of Vaccination: \_\_\_\_\_

Manufacturer/Brand and Type: \_\_\_\_\_

Dose Administered: \_\_\_\_\_

d. Equine Viral Arteritis (EVA):

[O] tested negative using ELISA or PCR.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

[O] were vaccinated against EVA.

Date of Vaccination: \_\_\_\_\_

Manufacturer/Brand and Type: \_\_\_\_\_

Dose Administered: \_\_\_\_\_

e. Strangles (Streptococcus equi):

[O] tested negative using ELISA or PCR.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

[O] were vaccinated against Strangles.

Date of Vaccination: \_\_\_\_\_

Manufacturer/Brand and Type: \_\_\_\_\_

Dose Administered: \_\_\_\_\_

f. Contagious Equine Metritis (CEM):

[O] The horses originate from counties or zones that have been free from CEM for

**Veterinary Health Certificate for Export of  
Horses from the United States of America to Philippines**



**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

-----  
**Additional Field(s):**  
-----

**Certification Statements:**

the 12 months prior to export.

[O] tested negative using isolation of agent.

Date of Test: \_\_\_\_\_

g. Vesicular Stomatitis Virus (VSV):

[O] The horses originate from counties or zones that have been free from VSV for the 12 months prior to export.

[O] tested negative using ELISA or PCR.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

8. If the animals for export have been vaccinated against diseases not listed above during the thirty (30) days prior to export, vaccination information is provided:

Vaccine against what disease: \_\_\_\_\_

Manufacturer/Brand and Type of Vaccine: \_\_\_\_\_

Date of Vaccine and Dosage: \_\_\_\_\_

9. The animals have been treated with an approved internal antiparasitic treatment at the time of entry to the pre-export isolation facility and then at regular intervals throughout the isolation period according to the manufacturer's instructions.

Date of Administration of Internal Parasite Treatment: \_\_\_\_\_

Manufacturer/Brand Administered: \_\_\_\_\_

Dose Administered: \_\_\_\_\_

10. The animals have been treated with an approved external antiparasitic treatment at the time of entry to the pre-export isolation facility and then at regular intervals throughout the isolation period according to the manufacturer's instructions.

Date of Administration of External Parasite Treatment: \_\_\_\_\_

Manufacturer/Brand Administered: \_\_\_\_\_

Dose Administered: \_\_\_\_\_

11. The animals will be transported directly from the pre-export isolation facility to the point of embarkation.

Proper vector control during pre-export isolation and during transport should be applied, including but not limited to the use of insecticides, according to the manufacturer's instructions.

12. Movement of animals will be made only in cleaned and disinfected vehicles.

13. The animals will be inspected by USDA at the port of embarkation within 48 hours of departure, and a certificate of inspection (VS Form 17-37) that the animals for

Veterinary Health Certificate for Export of  
Horses from the United States of America to Philippines



**Veterinary Authority**  
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

-----  
**Additional Field(s):**  
-----

**Certification Statements:**  
export are found to be free of evidence of communicable diseases and exposure thereto,  
shall be issued and accompany the shipment.

This certificate is valid for ten (10) days.

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**

**Veterinary Health Certificate for Export of Horses  
from the United States of America to Philippines**



**Veterinary Authority**

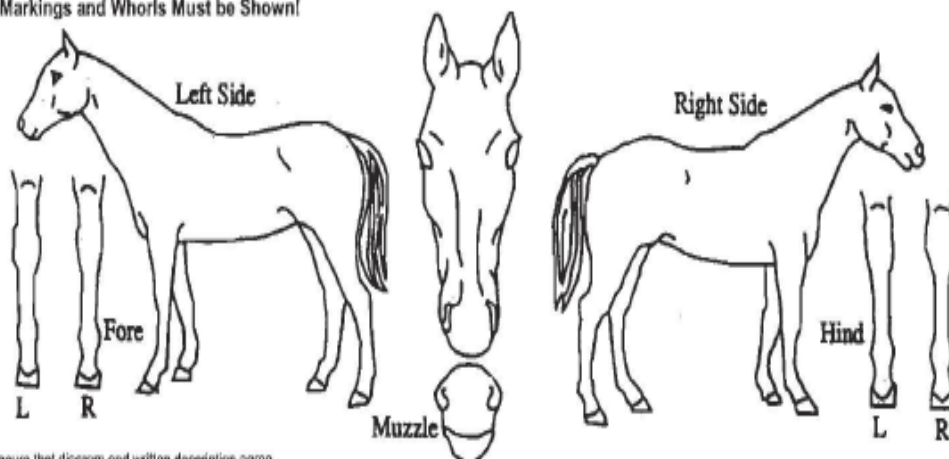
UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**Silhouette For Identification of Horses Exported From the United States of America**

White Markings and Whorls Must be Shown!



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex

**Written Description:**

HEAD	LIMBS	
	LF	RF
BODY		
ACQUIRED MARKS (scars, tattoos, etc.)	LH	RH

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.