According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

Veterinary Health Certificate for Export of Sheep and Goats from the United States of America to Philippines

| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue | | Certificate Number | |
|--|---------------|------------------|---|----------|
| | | | | The same |
| | | | | |
| 1. Consignor: | | 2. Consignee | : | |
| | | | | |
| | | | | |
| 2 Country Of Origin: | | 4 State Of Or | iain | |
| 3. Country Of Origin: USA | | 4. State Of Or | igin: | |
| 5. Country Of Destination: Philippines | | 6. Zone Of De | stination: ********** | ******* |
| 7. Place Of Origin: | | 8. Port Of Em | barkation / Border Crossing: | |
| | | | | |
| | | | | |
| 9. Estimated Date Of Shipment: | | 10. Means Of | Transport: | |
| | | 101 1110 2110 01 | | |
| 11. *********************************** | ****** | 12. CITES Per | rmit Number: - * * * * * * * * * * * * * * * * * * * | ******** |
| 13. Description Of Commodity: Sheep and Goats | | 14. Date Of In | spection: | |
| 15. Total Quantity: | | 16. Additiona | I Information: | |
| 17. Total Number Of Packages/Containers: | | | | |
| 18. Identification / Seal Numbers: | | | | |
| | | | | |
| 19. Commodities Intended Use: N/A | | 20. Type Of A | dmission: | |
| 21. Identification Of Commodities: | | ı | | |
| (See next page) | | | | |
| ************************************** | ***** | ***** | ****** | |
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Veterinary Health Certificate for Export of Sheep and Goats from the United States of America to Philippines

Date Of Issue

Veterinary Authority

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| UNITE | D STATES DEPARTMENT OF AGRICULTURE | | | | | | |
|----------|---|----------------------------|-----------|-----------------|--|---|-------------------------|
| 21. lde | entification Of Commodities: Continued | | | | | | |
| Row # | Official Animal Identification (RFID Ear Tag required) | Species Scientific Name | Bre ed | Age (in months) | Right Ear Identification (Tattoo or Ear Tag) | Left Ear Identification (Tattoo or Ear Tag) | Other Identification |
| | | | | | | | |
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Certificate Number

Veterinary Health Certificate for Export of Sheep and Goats from the United States of America to Philippines

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Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

Additional Field(s):

| SPS Import Clearance No. (SPSIC): | |
|--|--|
| SPSIC Date Issued: | |
| SPSIC Must Ship Out by Date: | |
| Port of Arrival Name & City: | |
| Country(ies) of Transit, if any: | |
| APHIS-Approved Isolation Start Date: | |
| APHIS-Approved Isolation Name & Address: | |

Certification Statements:

- I, the undersigned USDA accredited veterinarian, certify the following:
- 1. The United States is free of contagious caprine pleuropneumonia, foot-and-mouth disease, rinderpest, peste des petits ruminants, goat/sheep pox.
- 2. Either the United States is free of Brucella melitensis; OR the animals were tested using the rapid plate test (RPT) or ELISA or PCR or were vaccinated within thirty (30) days of export.
- 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 in the United States, or in an accredited country approved to export goats and sheep to the Philippines.
- 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. Scrapie
- b. Small Ruminant Lentivirus (Maedi-Visna for sheep and Caprine Arthritis-Encephalitis for goats)
- c. Caseous lymphadenitis
- d. Johne's disease (paratuberculosis)
- e. Bluetonque
- f. Ovine brucellosis (Ovine epididymitis)
- q. Tuberculosis
- h. Q-fever
- 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 export for the following (test date and methods used indicated on the table below):

Veterinary Health Certificate for Export of Sheep and Goats from the United States of America to Philippines

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Veterinary Authority

Date Of Issue

Certificate Number

| UNITED STATES DEPARTMENT OF AGRICULTURE | | | |
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| Additional Field(s): | | | |
| Certification Statements: | | | |
| a. Q-fever - tested negative b. Bluetongue - tested negatic c. Small Ruminant Lentivirus d. Ovine brucellosis - tested were vaccinated e. Johne's disease - tested regrees | ive using ELISA or PCR - tested negative using d negative using rapid | or were vaccinated. ng ELISA or PCR. plate test (RPT) or ELISA | |
| 8. If the animals for export during the thirty (30) days per the table below. | | | |
| 9. The animals have been treather time of entry to the pre- throughout the isolation peri | export isolation facil | lity and then at regular in | tervals |
| Date of Administration of Int Manufacturer/Brand Administer Dose Administered: | | ent: | |
| 10. The animals have been tree the time of entry to the pre-throughout the isolation peri | export isolation facil | lity and then at regular in | tervals |
| Date of Administration of Ext Manufacturer/Brand Administer Dose Administered: | | ent: | |
| 11. The animals will be trans the point of embarkation. | sported directly from t | the pre-export isolation fa | cility to |
| Proper vector control during applied, including but not li Culicoides, according to the | imited to the use of in | nsecticides effective again | |
| 12. Movement of animals will | be made only in cleane | ed and disinfected vehicles | - |
| 13. The animals will be inspected of departure, and a certificate export are found to be free of shall be issued and accompany | ate of inspection (VS I of evidence of communic | Form $17-37$) that the animal | s for |
| This certificate is valid for | or ten (10) days. | | |
| ********* | ***** | ******** | **** |

| UNITED S | STATES DEPARTMENT OF AGRICULT | URE | | | | | | | | | | | STATE GALL | |
|-----------|--|-------------------------------|-------------|--------------------------|------------------------|------------------------|---|-------------------|---------------------------------|--------------------|----------------------------|------------------------------|----------------------|----------------------|
| TEST TA | BLE s not required for animals that ar | e vaccinated for | all of the | following dis | seases. Ind | icate "N/A" | where applica | ble. | | | | | . | |
| Pooling o | of a maximum of 5 samples is allo Official Animal Identification (RFID) | Q-fever Test Me ELISA o | ethod | Q-fever Test Date | Q-fever Vaccination | on Date | Bluetongue Test Method ELISA or PCR | | uetongue est Date | Blueton Vaccina | gue ation Date | SRLV Test Met ELISA or | | SRLV Test Date |
| | | | | | | | | | | | | | | |
| _ | BLE s not required for animals that ar of a maximum of 5 samples is allo | | R test. | Ovine Bruce Test Date | | Ovine Bru Vaccinati | cellosis | Johne's Test M | Disease lethod PCR, fecal | PCR | Johne's Disea Test Date | se | Johne's l Vaccina | Disease tion Date |
| | | | | | | | | | | | | | | |
| | ATION TABLE nations should be conducted acc | | | | ons. Those | vaccines n | ot listed in the | table a | bove, adm | | | | | |
| Row # | Official Animal Identification | Disea | ase vaccina | ted against | | Date of add | ninstration | | Dose | Type of vac | ccine | Manufact | urer / Brai | nd |
| | | | | | | | | | | | | | | |

| UNITED STATES DEPARTMENT OF AGRICULTURE | | | |
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| Name of Accredited Veterinarian | Name | e of USDA Veterinarian | |
| Name of Accredited Veterinarian Signature of Accredited Veterinarian | | e of USDA Veterinarian | |
| | | ature of USDA Veterinarian | |
| Signature of Accredited Veterinarian | Signa | ature of USDA Veterinarian | |
| Signature of Accredited Veterinarian | Signa | ature of USDA Veterinarian | |
| Signature of Accredited Veterinarian | Signa | ature of USDA Veterinarian | |
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| Signature of Accredited Veterinarian | Signa | ature of USDA Veterinarian | |