

**MODEL HEALTH CERTIFICATE FOR THE EXPORT OF QUALIFYING<sup>1</sup> EQUINES TO THE UNITED STATES OF AMERICA FROM COUNTRIES OTHER THAN CANADA AND MEXICO**

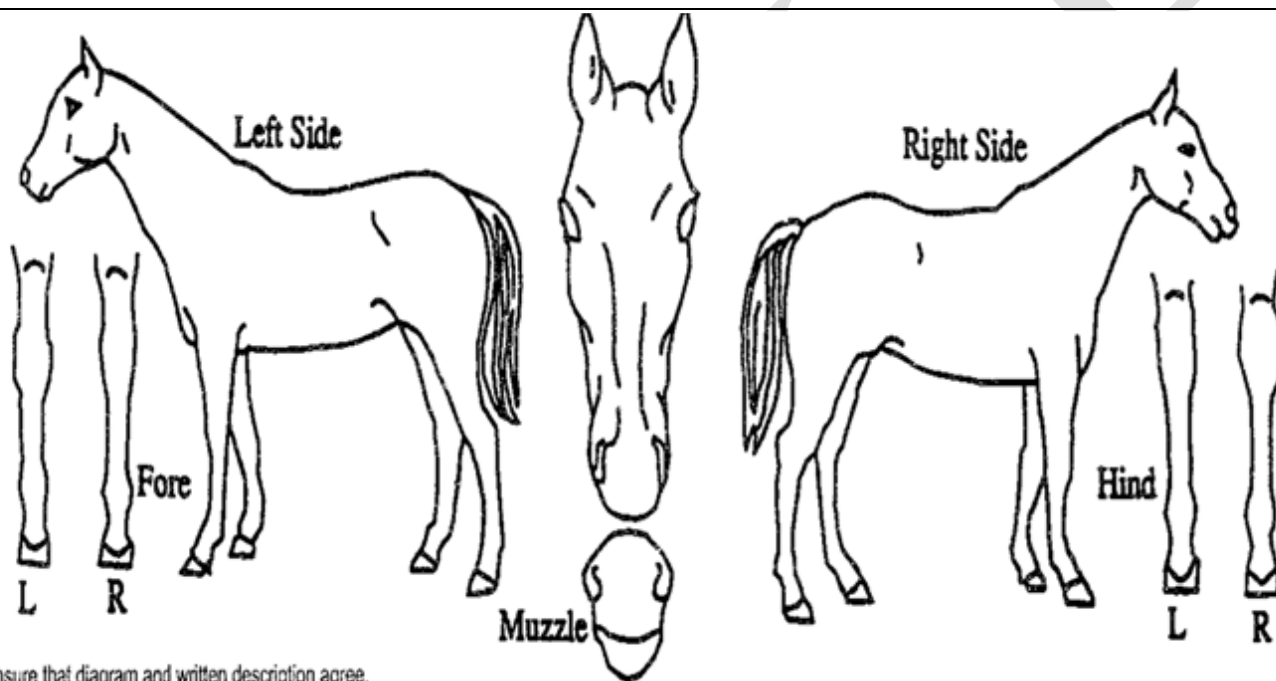
Part I. CONSIGNMENT INFORMATION	
<b>1. Number of Equines Described on This Certificate</b>	<b>2. Health Certificate Number</b>
<b>3. Competent Authority</b>	
<b>4. Exporting Country and ISO Code</b>	<b>5. Estimated Date of Departure from Exporting Country</b> <i>(mm/dd/yyyy)</i>
<b>6. Country and Port of Embarkation</b>	<b>7. Estimated Date of Export from Port of Embarkation</b> <i>(mm/dd/yyyy)</i>
<b>8. Destination Country and ISO Code</b>  United States of America, USA	<b>9. Port of Entry in the United States</b>
<b>10. Purpose of Import</b> <i>(select one)</i> <input type="checkbox"/> Competition <input type="checkbox"/> Breeding <input type="checkbox"/> Companion <input type="checkbox"/> Other <i>(specify):</i> _____	<b>11. Type of Admission</b> <i>(select one)</i> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <i>(up to 90 days)</i>
<b>12. Consignor/Exporter</b>	<b>13. Consignee/Importer</b>
Name: Address:  Country and ISO Code:	Name: Address:  Country and ISO Code:      United States of America, USA
<b>14. Premises of Residency in Exporting Country</b>	<b>15. Premises of Examination</b> <i>(if different than I 14)<sup>2</sup></i>
Name: Address:  Country and ISO Code:	Name: Address:  Country and ISO Code:
<b>16. Premises of Destination in the United States</b> <i>(after release from quarantine)</i>	
Name: Address:  Country and ISO Code:      United States of America, USA	
<b>17. Planned Stops of 36 or More Hours in Transit to the Port of Embarkation</b> <i>(Part IX must be completed)<sup>2</sup></i>	

<b>18.a. Premises of Holding During Transit Stop<sup>2</sup></b>	<b>18.b. Premises of Holding During Transit Stop<sup>2</sup></b>
Name: Address:  Country and ISO Code:	Name: Address:  Country and ISO Code:
<b>19. Means of Transport from Port of Embarkation to the United States (select one)</b> <input type="checkbox"/> Aircraft <input type="checkbox"/> Ocean Vessel	
<p><i>This space intentionally left blank.</i></p> <div style="text-align: center; opacity: 0.2; font-size: 4em; transform: rotate(-30deg); pointer-events: none;">                 SAMPLE             </div>	

**20. Description of Equine** (Complete this page for each equine on this certificate. Alternatively, attach photographs and/or a color copy of the relevant passport pages that capture the information below. All pages must be attached as numbered pages of this health certificate and must include the health certificate number.)

20.a. Name/Registered Name	20.b. Registration Number (Example: Unique Equine Life Number, Breed Registry Number, etc. Required, if issued. If none, enter NONE)
20.c. Species and Breed	20.d. Microchip and Location (Required, if present. If none, enter NONE)
20.e. Color	20.f. Tattoo or Brand (Required, if present. If none, enter NONE)
20.g. Sex	20.h. Age

**21. Silhouette or Photographs** (Show all permanent white markings, brands, tattoos, scars, whorls, and microchip location.)



21.a. Head	21.b. Neck and Body
21.c. Left Forelimb	21.d. Right Forelimb
21.e. Left Hindlimb	21.f. Right Hindlimb

**I, the undersigned authorized or government veterinarian,<sup>3,4</sup> visually and physically examined each equine identified in Parts I.20–I.21 on \_\_\_\_\_ (mm/dd/yyyy), AND certify that:**

**Part II. GENERAL HEALTH ATTESTATIONS**

1. The equine is clinically healthy, free of communicable disease, and as far as can be determined, has not been exposed to communicable diseases during the 60 days preceding export to the United States or during the entire period of temporary export for equines eligible to return to or import into the United States under title 9, Code of Federal Regulations, part 93.301(g) (hereinafter “9 CFR 93.301(g) equines”).<sup>5</sup>
2. The equine is free of ectoparasites.
3. The equine has not been vaccinated with a live, attenuated, or inactivated vaccine, to include any immune-modulating pharmaceuticals or nutraceuticals, during the 14 days preceding export to the United States.
4. If male, the equine was not castrated (gelded) within the 14 days preceding export to the United States.<sup>2</sup>
5. Insofar as can be determined, during the 60 days preceding export to the United States or the entire period of temporary export for 9 CFR 93.301(g) equines<sup>5</sup> if more than 60 days, the equine has not been on a premises where a case of African horse sickness (AHS), dourine, glanders, surra, epizootic lymphangitis, ulcerative lymphangitis, equine piroplasmiasis, Venezuelan equine encephalomyelitis (VEE), vesicular stomatitis, equine infectious anemia (EIA), or contagious equine metritis (CEM) has occurred, nor has the Competent Authority found these diseases on any adjoining premises during the same period of time.
6. During the 60 days preceding export to the United States or the entire period of temporary export for 9 CFR 93.301(g) equines<sup>5</sup> if more than 60 days:
  - EITHER**<sup>2</sup> a. The equine has continuously been in the country of export.
  - OR**<sup>2,6,7</sup> b. The equine has been in the additional country or countries listed below **AND** I have verified through official health attestations from each country that the requirements in this certificate were met in accordance with the APHIS-recognized animal health status of that country.

Country of Residency	Premises of Residency (Name and Full Address)	Dates of Residency

*Additional countries of residency may be provided on a separate page.*

7. Travel arrangements were made for transport of the equine from the premises of residency (*Box I.14*) or examination (*Box I.15*) to the United States, and insofar as can be determined:
  - a. The equine will be transported in a clean and disinfected conveyance, transport vehicle, or container, and for travel by air, in compliance with International Air Transport Association (IATA) standards.
  - b. The equine will be held separate and apart and not have direct or indirect contact, breeding or otherwise, with equines of lesser health status than specified in this export health certificate, or other domestic or wild livestock.

### Part III. CONTAGIOUS EQUINE METRITIS (CEM) REQUIREMENTS

#### *Attestations Concerning the CEM Status of the Equine:*

- EITHER**<sup>2</sup> 1. The equine has not been tested for CEM because:
- EITHER**<sup>2</sup> a. The equine is a gelding of any age.
- OR**<sup>2</sup> b. The equine is less than 731 days of age and has not been bred (live or artificial).
- OR**<sup>2,7</sup> c. The equine has not been in a country APHIS considers CEM affected during the 12 months preceding export to the United States **AND** (i) the equine has not been on any CEM-affected premises at any time during the 12 months preceding export; **AND** (ii) the equine has not been bred by or bred to any CEM-infected equines or equines from a CEM-affected premises; **AND** (iii) the equine has had no other direct or indirect contact with equines found to be infected with CEM or with equines of lesser health status for CEM **AND**<sup>2</sup> (iv) if transiting through a country or countries APHIS considers CEM affected enroute to the port of embarkation, insofar as can be determined:
- 1) For transit by land, (a) arrangements were made for an authorized or government veterinarian,<sup>3</sup> on the day of departure from the export country premises of residency (*Box I.14*) or examination (*Box I.15*) and as applicable, from each transit country premises of offloading and/or holding, to place official seals on the entire transport conveyance or to seal the equine into a compartment separate and apart from equines of a different CEM status for the duration of transport (*seal information must be recorded in Part XI.a.*), **AND**<sup>2</sup> (b) arrangements were made for an authorized or government veterinarian<sup>3</sup> to confirm the integrity of the seals in each transit country before they are broken (*breaking of the seals must be recorded in Part XI.b.*)<sup>2</sup>
- AND/OR**<sup>2</sup> 2) For transit by land or air, if the equine was held in a transit country for any length of time, arrangements were made for placement in a holding facility approved by the Competent Authority of the transit country (*additional attestations must be endorsed in Part X2.*)
- OR**<sup>2,7</sup> d. The equine is an intact stallion or mare that, during the 12 months preceding export to the United States, has been in a country that APHIS considers CEM affected and is being imported into the United States for no more than 90 days for competition purposes (i.e., CEM waiver), **AND** insofar as can be determined, the equine has not been bred (live or artificial) to CEM-infected equines or equines from CEM-affected premises, or been in contact with CEM-infected equines, equines from CEM-affected premises, or CEM-contaminated objects.

**OR<sup>2,7</sup>** e. The equine originated<sup>8</sup> from the United States or a country APHIS considers CEM free and was temporarily exported to a CEM-affected country or countries for up to 90 days from the date of arrival in the first CEM-affected country (i.e., 9 CFR 93.301(g) equines),<sup>5</sup> **AND** (i) the equine was held separate and apart from all equines of lesser health status for CEM except for the time it was participating in an event or was being exercised; **AND** (ii) the premises on which the equine was held was not used for any equine breeding purpose; **AND** (iii) breeding of the equine (live or artificial) has never been attempted, nor did the equine have any other sexual contact or genital examination while in a CEM-affected country; **AND** (iv) all transport was carried out in cleaned and disinfected vehicles in which no other equines of lesser status were transported since the cleaning and disinfection.

**OR<sup>2</sup>** 2. The equine was tested for CEM because it is an intact stallion or mare over 731 days of age or a bred equine less than 731 days of age that does not qualify for one of the above conditions. I collected a set of specimens for bacterial culture from each equine within 30 days prior to the date of export as described below, **AND** (a) all specimens were received by a laboratory approved by the Competent Authority to perform bacterial culture for CEM within 48 hours of collection; **AND** (b) all specimens were incubated for at least 7 days before certifying results for the CEM organism; **AND** (c) the equine has not been used for natural breeding, for the collection of semen for artificial insemination in the case of stallions, or for artificial insemination in the case of mares, from the time the specimens were collected through the date of export to the United States.

**EITHER<sup>2</sup>** i. For intact males, at least one specimen was collected from each of the following four sites (different swab for each site): the mucosal surface of the prepuce, the urethral sinus, the distal urethra, and the fossa glandis (including the diverticulum of the fossa glandis). Each specimen was cultured with negative results.  
Date and time of sample collection: \_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_: \_\_\_\_ (hr: min)

**OR<sup>2</sup>** ii. For intact females, at least one specimen was collected from each of the following three sites (different swab for each site): the mucosal surface of the clitoral fossa, the clitoral sinuses, and if the mare is not pregnant, the distal cervix or endometrium. Each specimen was cultured with negative results.  
Date and time of sample collection: \_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_: \_\_\_\_ (hr: min)

**OR<sup>2</sup>** iii. Specimens collected as per III.2.a. or III.2.b. cultured positive and the equine was treated using \_\_\_\_\_ (describe protocol), with treatment completed at least 21 days before the collection of a new set of specimens in accordance with III.2.a. or III.2.b. Each new specimen was cultured with negative results.  
Date and time of sample collection: \_\_\_\_\_ (mm/dd/yyyy) \_\_\_\_: \_\_\_\_ (hr: min)

#### Part IV. SCREWORM REQUIREMENTS

*Attestations Concerning the Screwworm Status of the Equine:*

During the 60 days preceding export to the United States:

- EITHER**<sup>2,7</sup> 1. The equine has not been in a country that APHIS considers screwworm affected.
- OR**<sup>2,7</sup> 2. The equine has been in a country that APHIS considers screwworm affected but subsequently has been in one or more countries that APHIS considers screwworm free for at least 7 days and until export to the United States **AND** I have examined<sup>9</sup> the equine after 7 days, or received documentation that an authorized or government veterinarian<sup>3</sup> examined<sup>9</sup> the equine after 7 days, and found it to be free of screwworm infestation.
- OR**<sup>2,7</sup> 3. The equine has been in a country that APHIS considers screwworm affected and IV.2 does not apply, **AND** I performed the actions in Part XI, and/or confirmed with the owner and/or the owner's representative that arrangements have been made for an authorized or government veterinarian<sup>3</sup> to complete the actions in Part XI.

#### Part V. FOOT AND MOUTH DISEASE (FMD) REQUIREMENTS

*Attestations Concerning the FMD Status of the Equine:*

During the 5 days preceding export to the United States:

- EITHER**<sup>2,7</sup> 1. The equine has not been in a country or region that APHIS considers FMD affected.
- OR**<sup>2,7</sup> 2. The equine has been in a country or region that APHIS considers FMD affected **AND** (a) the equine has not been on any FMD-affected premises or in an area quarantined due to FMD; **AND** (b) the equine has not been in direct or indirect contact with domestic or wild animals, including ruminants or swine, that were on an FMD-affected premises or in an area quarantined due to FMD.

#### Part VI. VENEZUELAN EQUINE ENCEPHALITIS (VEE) REQUIREMENTS

*Attestations Concerning the VEE Status of the Equine:*

During the 60 days preceding export to the United States:

- EITHER**<sup>2,7</sup> 1. The equine has not been in a country that APHIS considers VEE affected.
- OR**<sup>2,7</sup> 2. The equine has been in a country that APHIS considers VEE affected but subsequently has been in one or more countries that APHIS considers VEE free for at least 7 days and until export to the United States **AND** I have examined the equine after 7 days, or received documentation that an authorized or government veterinarian<sup>3</sup> examined the equine after 7 days, and found it free of clinical signs of VEE.
- OR**<sup>2,7</sup> 3. The equine has been in a country that APHIS considers VEE affected and VI.2 does not apply, **AND** I examined the equine prior to export to the United States and found it free of clinical signs of VEE.

**Part VII. AFRICAN HORSE SICKNESS (AHS) REQUIREMENTS**

*Attestations Concerning the AHS Status of the Equine:*

During the 60 days preceding export to the United States:

- EITHER**<sup>2,7</sup> 1. The equine has not been in a country that APHIS considers AHS affected.  
**OR**<sup>2,7</sup> 2. The equine has been in a country that APHIS considers AHS affected **AND** (a) the equine is not a bred mare beyond 240 days gestation at the time of export; **AND** (b) the equine was placed in a vector-protected facility at least 14 days prior to export; **AND** (c) I performed the actions in Part XII, and/or confirmed with the owner and/or the owner's representative that arrangements have been made for an authorized or government veterinarian<sup>3</sup> to complete the actions in Part XII.

**Part VIII. SIGNATURES<sup>4</sup>**

**VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>5</sup>**

AUTHORIZATION NUMBER ( <i>if issued</i> )	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED ( <i>mm/dd/yyyy</i> )

**COMPETENT AUTHORITY<sup>6</sup>**

OFFICIAL STAMP AND/OR SEAL	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED AND/OR ENDORSED ( <i>mm/dd/yyyy</i> )

*This certificate is valid for 10 days after the date of examination in Part II, or less if limited by the requirements in Parts IV-VI or by the Competent Authority of the exporting country.*

*This space intentionally left blank.*

**PART IX: ADDENDUM FOR EQUINES IN TRANSIT FROM THE EXPORT COUNTRY TO THE PORT OF EMBARKATION<sup>11,15</sup>**  
**REQUIRED ONLY IF AN EQUINE IS HELD IN A TRANSIT COUNTRY FOR 36 OR MORE HOURS**

**1. Competent Authority****2. Premises of Examination in the Transit Country**

Name:

Address:

Country and ISO Code:

**3. Date(s) of Holding (mm/dd/yyyy)**

\_\_\_\_\_ to \_\_\_\_\_

**4. Attestations****I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each horse:**

- a. I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number \_\_\_\_\_ (*Box I.2*).
- b. I examined the equine on \_\_\_\_\_ (*mm/dd/yyyy*) at the premises identified above and found the equine to be clinically healthy, free of communicable diseases, and free of ectoparasites.
- c. The equine was kept separate and apart from equines of lesser health status than specified on the export health certificate, and other domestic and wild livestock, since arrival until departure.
- d. The equine was offloaded and placed in a Competent Authority approved facility not used for any breeding purpose for the duration of the transit stop.

**PART IX SIGNATURES<sup>4</sup>****VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup>**AUTHORIZATION NUMBER (*if issued*)

PRINTED NAME

SIGNATURE<sup>10</sup>DATE ISSUED (*mm/dd/yyyy*)**COMPETENT AUTHORITY<sup>8</sup>**

OFFICIAL STAMP AND/OR SEAL

PRINTED NAME

SIGNATURE<sup>10</sup>DATE ISSUED AND/OR ENDORSED (*mm/dd/yyyy*)

**PART X 1.a: ADDENDUM TO PART III. 1.c.iv. PLACEMENT OF SEALS ON THE TRANSPORT CONVEYANCE<sup>12,15</sup> REQUIRED ONLY FOR A CEM-FREE ORIGIN EQUINE TRANSITING CEM-AFFECTED COUNTRIES<sup>7</sup> BY LAND**

<b>1. Competent Authority</b>	
<b>2. Premises of Seal Placement</b> Name: Address:  Country and ISO Code:	<b>3. Seal Number(s)</b>
<b>4. Attestations</b> <b>I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each equine:</b>  a. I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number _____ ( <i>Box I.2</i> ).  b. I have placed official seals on the entire transport conveyance or sealed the equine into a compartment on the conveyance, to keep the equine separate, apart, and without any direct or indirect contact with equines of a different CEM status.  Conveyance Identification: _____	

**PART X 1.a. SIGNATURES<sup>4</sup>**

<b>VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup></b>	
AUTHORIZATION NUMBER ( <i>if issued</i> )	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED ( <i>mm/dd/yyyy</i> )
<b>COMPETENT AUTHORITY<sup>8</sup></b>	
OFFICIAL STAMP AND/OR SEAL	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED AND/OR ENDORSED ( <i>mm/dd/yyyy</i> )

**PART X 1.b: ADDENDUM TO PART III 1.c.iv. VERIFICATION/BREAKING OF SEALS ON ARRIVAL IN TRANSIT COUNTRY<sup>12,15</sup>  
REQUIRED ONLY FOR A CEM-FREE ORIGIN EQUINE TRANSITING CEM-AFFECTED COUNTRIES<sup>7</sup> BY LAND**

**1. Competent Authority**

**2. Premises of Unsealing**

Name:

Address:

Country and ISO Code:

**3. Seal Number(s) Broken**

**4. Attestations**

**I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each equine:**

- a. I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number \_\_\_\_\_ (*Box I.2*).
- b. Upon arrival, I have confirmed that (i) the sealed equine was maintained separate and apart and had no direct or indirect contact with equines of a different CEM status, **AND** (ii) the seals were intact without any evidence of tampering.

Conveyance Identification: \_\_\_\_\_

**PART X 1.b. SIGNATURES<sup>4</sup>**

**VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup>**

AUTHORIZATION NUMBER (*if issued*)

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED (*mm/dd/yyyy*)

**COMPETENT AUTHORITY<sup>8</sup>**

OFFICIAL STAMP AND/OR SEAL

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED AND/OR ENDORSED (*mm/dd/yyyy*)

**PART X.2: ADDENDUM TO PART III.1.c.iv. VERIFICATION OF STATUS DURING IN-TRANSIT HOLDING<sup>13,15</sup>  
REQUIRED ONLY FOR A CEM-FREE ORIGIN EQUINE HELD IN CEM-AFFECTED COUNTRIES<sup>7</sup> DURING LAND OR AIR TRANSIT**

<b>1. Competent Authority</b>	
<b>2. Premises of Holding Facility</b> Name: Address:  Country and ISO Code:	<b>3. Date(s) of Holding (mm/dd/yyyy)</b>  _____ to _____

**4. Attestations**

**I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each equine:**

- I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number \_\_\_\_\_ (*Box I.2*).
- The equine remained under Competent Authority oversight, separate and apart with no direct or indirect contact with equines of a different CEM status.
- The equine was held in a Competent Authority approved facility that is not used for any equine breeding purpose from arrival until departure.

**PART X.2. SIGNATURES<sup>4</sup>**

**VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup>**

AUTHORIZATION NUMBER ( <i>if issued</i> )	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED ( <i>mm/dd/yyyy</i> )

**COMPETENT AUTHORITY<sup>8</sup>**

OFFICIAL STAMP AND/OR SEAL	PRINTED NAME
SIGNATURE <sup>10</sup>	DATE ISSUED AND/OR ENDORSED ( <i>mm/dd/yyyy</i> )

**PART XI: ADDENDUM TO PART IV.3. SCREW WORM MITIGATIONS<sup>14,15</sup>  
REQUIRED FOR AN EQUINE THAT HAS BEEN IN A SCREW WORM-AFFECTED COUNTRY AND IV.2 DOES NOT APPLY<sup>7</sup>**

**1. Competent Authority**

**2. Premises of Examination**

Name:  
Address:  
  
Country and ISO Code:

**3. Date of Examination (mm/dd/yyyy)**

**4. Attestations** *(All mitigations must be completed. Copies of this addendum may be issued to attest to mitigations completed by different authorized and/or government veterinarians,<sup>3,4</sup> if necessary.):*

**I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each equine:**

- a. I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number \_\_\_\_\_ *(Box I.2)*.
- b. I treated the equine with ivermectin, or a product with an equivalent effect approved by APHIS prior to use (active ingredient, concentration, and route of administration: \_\_\_\_\_), 3 to 5 days prior to the date of export to the United States and according to the recommended dose prescribed on the product's label.<sup>2</sup>
- c. I examined<sup>9</sup> the equine within 24 hours prior to shipment to the United States and found the equine to be free of screw worm infestation.<sup>2</sup>
- d. I treated, or have confirmed with the owner and/or owner's representative that an authorized or government veterinarian<sup>3</sup> will treat, all visible wounds on the equine with a solution of coumaphos dust at a concentration of 5 percent active ingredient, or a topical product with equivalent effect approved by APHIS prior to use (active ingredient and concentration: \_\_\_\_\_) at the time of loading onto a means of conveyance for export.<sup>2</sup>

**PART XI SIGNATURES<sup>4</sup>**

**VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup>**

AUTHORIZATION NUMBER *(if issued)*

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED *(mm/dd/yyyy)*

**COMPETENT AUTHORITY<sup>8</sup>**

OFFICIAL STAMP AND/OR SEAL

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED AND/OR ENDORSED *(mm/dd/yyyy)*

**PART XII: ADDENDUM TO PART VII.2.: AHS MITIGATIONS<sup>14,15</sup>  
REQUIRED FOR AN EQUINE THAT HAS BEEN IN AN AHS-AFFECTED COUNTRY**

**1. Competent Authority****2.a. Premises of Vector-Protected Facility**

Name:  
Address:

Country and ISO Code:

**2.b. Date(s) of Examination: (mm/dd/yyyy)**

**3. Attestations** *(All mitigations must be completed. Copies of this addendum may be issued to attest to mitigations completed by different authorized and/or government veterinarians,<sup>3,4</sup> if necessary.):*

**I, the undersigned authorized or government veterinarian,<sup>3,4</sup> certify that for each equine:**

- a. I have verified that the equine to which this addendum applies matches the equine identified in I.20 and I.21 on the export health certificate with certificate number \_\_\_\_\_ (Box I.2).
- b. I examined the equine upon entry into the vector-protected facility and found it to be free of clinical signs of AHS.<sup>2</sup>
- c. While the equine was held in the vector-protected facility and within 14 days of export to the United States, I collected and submitted a sample from the equine to a Competent Authority approved laboratory, which performed AHS PCR and confirmed negative results.<sup>2</sup>
- d. On the day of export to the United States<sup>2</sup>:
  - i. I confirmed with the owner and/or the owner's representative that the equine has not been removed from the vector-protected facility since testing.
  - ii. I examined the equine and found it to be free of clinical signs of AHS.
  - iii. I treated the equine with a Competent Authority approved topical insecticide prior to loading onto a vector-protected conveyance for transport to the port of embarkation.
  - iv. I treated the shipping containers at the port of embarkation with a Competent Authority approved insecticide immediately prior to loading the equine and after the container doors were closed.

**PART XII SIGNATURES<sup>4</sup>**

**VETERINARIAN AUTHORIZED BY THE COMPETENT AUTHORITY<sup>8</sup>**

AUTHORIZATION NUMBER *(if issued)*

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED *(mm/dd/yyyy)*

**COMPETENT AUTHORITY<sup>8</sup>**

OFFICIAL STAMP AND/OR SEAL

PRINTED NAME

SIGNATURE<sup>10</sup>

DATE ISSUED AND/OR ENDORSED *(mm/dd/yyyy)*

## FOOTNOTES

- <sup>1</sup> This model health certificate does not apply to equines from Canada, as per 9 CFR 93.315-93.318; equines from Mexico, as per 9 CFR 93.321-93.326; equines temporarily importing for noncompetitive public exhibition and entertainment purposes, as per 9 CFR 93.301(f); racing Thoroughbred horses from France, Germany, Republic of Ireland, and the United Kingdom (Great Britain, Northern Ireland), as per 9 CFR 93.301(d); Spanish Purebred horses from Spain, as per 9 CFR 93.301(d); or zebras and other non-domesticated/wild equines.
- <sup>2</sup> Line out if not applicable. Line outs must be endorsed by the certifying authorized or government veterinarian if they are not formally pre-approved by APHIS on official health certificates.
- <sup>3</sup> The pre-export examinations, testing, and treatments specified in this certificate may be completed by an authorized or government veterinarian, unless otherwise specified. A government veterinarian is a full-time salaried official veterinarian employed by the Competent Authority. An authorized veterinarian is a licensed veterinarian approved or accredited by the Competent Authority to perform certain official tasks associated with animal health on their behalf, such as inspection and certification of commodities for international movement.
- <sup>4</sup> All required Parts of this health certificate must be wet ink endorsed by a government veterinarian of the Competent Authority. The date issued is the date of signature of the authorized or government veterinarian that performed the specified pre-export examinations, testing, and treatments. Signature by an authorized veterinarian is not required if a government veterinarian performed these actions.
- <sup>5</sup> Equines eligible to return to or import into the United States in accordance with 9 CFR 93.301(g) are U.S.-origin equines temporarily exported to an APHIS recognized CEM-affected country or countries for up to 90 days, or equines originating from an APHIS recognized CEM-free country temporarily exported to a CEM-affected country or countries for up to 90 days during the 12 months immediately preceding export to the United States, and that also meet all conditions for CEM specified in Part III.1.e of this health certificate.<sup>6</sup> See the Guidance for Completing the Model Health Certificate for Export of Qualifying Equines to the United States of America for more information regarding the health attestations and documentation required from each country an equine has been in.
- <sup>7</sup> The APHIS recognized animal health status of a region/country can be found at [USDA APHIS Animal Health Status of Regions](#).
- <sup>8</sup> Equines must be legally resident without restriction in a country that APHIS considers CEM-free for a minimum of 12 months immediately preceding export to the United States. If the equines have been in a country or countries that APHIS considers CEM-affected within those 12 months, then the origin must be confirmed by official documentation from the CEM-free origin country that demonstrates re-entry without restriction upon return.
- <sup>9</sup> Equines must be visually and physically examined for signs of screwworm infestation on all mucous membranes and in all wounds. This examination must include a thorough inspection of the external genitalia, which requires full extension of the penis for males.
- <sup>10</sup> Original wet ink signatures are required.
- <sup>11</sup> Additional copies of this addendum, issued by an authorized veterinarian and/or the government veterinarian of the Competent Authority of each transit country that the equines are held in while enroute to the port of embarkation, may be attached to this health certificate.
- <sup>12</sup> Part X1.a. documents seal placement and must be completed by an authorized and/or government veterinarian of the Competent Authority specified in I.3 when a CEM-free origin equine departs the premises of residency (I.14) or examination (I.15) and, if the equine is unsealed for offloading and/or holding in a country that APHIS considers CEM-affected during transit to the port of embarkation by land, must also be completed by an authorized and/or government veterinarian of the Competent Authority of the transit country when the equine is reloaded. Part X1.b. documents breaking of the seals and must be completed by an authorized and/or government veterinarian of the Competent Authority of each country where the equine is unsealed during transit by land. Additional copies of these addendums may be completed and attached to this health certificate.
- <sup>13</sup> Part X2. documents the conditions of holding of a CEM-free origin equine during land or air transit to the port of embarkation and must be completed by an authorized and/or government veterinarian of the Competent Authority of each country that APHIS considers CEM-affected in which the equine is offloaded and held during transit. Additional copies of the addendum may be completed and attached to the certificate.
- <sup>14</sup> All mitigations must be completed by an authorized and/or government veterinarian of the respective Competent Authority. If mitigations are completed by more than one authorized and/or government veterinarian, then additional copies of this addendum may be issued and attached to this health certificate.
- <sup>15</sup> Each addendum must be wet ink endorsed by a government veterinarian of the respective Competent Authority. The health certificate number may be different than on previous pages of this health certificate if it is completed by different Competent Authorities.