Health Certificate No. _______(Valid Only if USDA Veterinary Seal Appears over the Certificate Number)

HEALTH CERTIFICATE FOR EXPORTATION OF SWINE SEMEN FROM THE UNITED STATES TO PHILIPPINES

IDI	ENTIFICATIO	N							
A.	Species and Commodity:		SWINE SEMEN						
В.	Exporting Cou	ntry:	UNITED STA	TES OF AMER	RICA				
C.	Country of Des	stination:	PHILIPPINES						
D.	Issuing Author	ity:	UNITED STA	TES DEPARTI	MENT OF AG	RICULTURE			
E.	Donor Identific	Donor Identification (Additional rows or chart may be added as needed):							
	Name/Registration Number			Donor ID/Code Number	Breed	Collection Date	Number of Doses		
F.	Consignment I	-							
	1. Total Nun	iber of Doses:							
	2. Fresh or Frozen:								
G.	Origin of the Semen								
	1. Name of E	Exporter / Center:			_				
	2. Address:				_				
					_				
H.	Destination of	the Semen							
	1. Means of	Transport:							
	2. Name of C	Consignee:							

II. HEALTH DATA

I.

A. Certification Statements:

3. Address:

- 1. The United States is free of foot-and-mouth disease, African swine fever and hog cholera.
- 2. The semen was derived from animals kept in an Artificial Insemination (AI) Center supervised by a USDA-accredited veterinarian.
- 3. The semen was derived from animals kept in an AI center for at least 6 months prior to collection.

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4.	During the 6 months prior to collection of the semen for export, the AI center has been free of clinical signs of vesicular stomatitis, pseudorabies, leptospirosis, swine parvovirus, swine influenza, erysipelas, atrophic rhinitis, transmissible gastroenteritis (TGE), swine (vibrio) dysentery, porcine respiratory and reproductive syndrome (PRRS), and post-weaning multisystemic wasting syndrome (PMWS).						
5.	The AI center has been free of	brucellosis and tuberculosis for the last twelve (12) months.					
6.	The semen was collected from semen collection.	boars that showed no clinical signs of contagious diseases on the date of					
7.	The donors have been vaccinate	ed with killed parvovirus vaccine on(date).					
8.	The donors have been vaccinate(dat	ed twice with PCV2 vaccine on(date) and re).					
1	3. Testing Requirements:						
		egative to the following tests conducted within six (6) months prior to ype and line out any testing option not used:					
1.	Brucellosis:	Standard tube test at 1:25 dilution OR standard plate test at 1:25 dilution OR ELISA.					
2.	Tuberculosis:	Intradermal test using bovine PPD tuberculin.					
3.	Leptospirosis:	Microtiter agglutination test at 1:400 dilution for <i>L. pomona</i> , <i>L. canicola</i> , <i>L. icterohemorrhagiae</i> , <i>L. hardjo</i> , and <i>L. grippotyphosa</i> .					
4.	TGE:	SN test at 1:8 dilution OR ELISA.					
5.	Pseudorabies (PRV):	Serum neutralization (SN) test at 1:4 dilution OR ELISA.					
6.	PRRS	ELISA					
7.	Vesicular Stomatitis:	SN test at 1:8 dilution OR VN at 1:32 OR ELISA.					
Name o	of Issuing Authorized Veterinarian	Name of Endorsing Federal Veterinarian					
Signatu	are of Issuing Authorized Veterinaria	Signature of Endorsing Federal Veterinarian					
Date		Date					

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Donor ID/ Code Number	Collection Date	Brucellosis Test type & Sample Date	TB Test type & Sample Date	Lepto Test type & Sample Date	TGE Test type & Sample Date	PRV Test type & Sample Date	PRRS Test type & Sample Date	VS Test type & Sample
								Date

^{*}Additional rows may be added as needed.