

**Veterinary Health Certificate for the Export of Land Fowl\* from the United States of America to Taiwan**

\*Chickens, turkeys, pheasants, quails, guinea fowls, partridges, grouses, peafowl, ostriches, emus, cassowaries, and other land fowl

**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue****Certificate Number****CERTIFICATION****1. Consignor:****2. Consignee:****3. Country Of Origin**

United States of America

**4. State Of Origin****5. Country Of Destination:**

Taiwan

**6. Reserved For Future Use**

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**7. Place Of Origin/Place of Issue:****8. Port Of Embarkation :****9. Reserved For Future Use**

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**10. Means Of Transport****11. Reserved For Future Use**

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**12. Reserved For Future Use**

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**13. Description of Commodity:****14. Reserved For Future Use**

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**15. Total Quantity:****16. Reserved For Future Use**

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**17. Total Number of Packages/Containers:****18. Identification / Seal Numbers:****19. Reserved For Future Use**

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**20. Type Of Admission:**

Permanent Import

**21. Identification:**

Scientific name Breed Animal Identification Number

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1. The U.S. zone from which the birds originate is recognized as free of highly pathogenic avian influenza (HPAI) and Newcastle disease, in poultry as defined by the World Organization for Animal Health (WOAH), by the competent authority of Taiwan.
2. The animals shall have been kept, for three months prior to export or since hatching, in an enclosure regularly inspected by veterinarians who are also responsible for disease diagnosis and notification.
3. The disease listed below shall not have been confirmed in the animal enclosure for the below time periods: for one year without Newcastle disease, infectious bursal disease, pullorum disease, avian infectious laryngotracheitis, fowl cholera, or avian tuberculosis; and for six months without H5 and H7 subtype avian influenza, avian chlamydiosis, avian encephalomyelitis, egg drop syndrome, avian infectious bronchitis, avian mycoplasmosis caused by *Mycoplasma gallisepticum*, infectious synovitis caused by *Mycoplasma synoviae*, infectious coryza, fowlpox, or fowl typhoid.
4. The animals were detained for a 21-day quarantine in an approved facility that does not allow free entry of mosquitoes and is supervised by a U.S. Department of Agriculture (USDA) accredited veterinarian.  
Quarantine Start Date: \_\_\_\_\_ Quarantine End Date: \_\_\_\_\_
5. The animals were considered healthy and free from any disease symptom during quarantine.
6. The animals were subject to the following tests during quarantine:  
[For consignments of greater than 20 birds, at least 20 birds need to be tested. For consignments of 20 birds or less, all birds must be tested. In such cases, the number of birds actually tested should be specified.]

All test results were negative and performed at \_\_\_\_\_

, an approved laboratory.

List dates of test sample collections, methods, and test dates [in attached] for:

- H5 and H7 subtype avian influenza: antibody test and causal agent identification;
- Pullorum disease: serological test; or the enclosure is certified by National Poultry Improvement Plan (NPIP) as Pullorum-Typhoid clean (*delete unneeded option*)
- Avian mycoplasmosis caused by *Mycoplasma gallisepticum* (only for chickens and turkeys; other land fowls are exempt): serological tests twice at least 28 days apart and the last test shall be in the quarantine period; or, the enclosure is considered free of this disease by USDA according to WOAH's Terrestrial Animal Health Code. (*delete unneeded option*)
- Newcastle disease: causal agent identification (exempt when the USA is recognized as free from Newcastle disease by the competent authority of Taiwan).

7. The animals are not vaccinated against avian influenza. [Name and date given of any other vaccines in attached]
8. The export consignment shall be prevented from contacting other poultry and birds as it is transported from the animal enclosure to the importing country.

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Name of Accredited Veterinarian

Name of Authorized Officer

Signature of Accredited Veterinarian

Signature of Authorized Officer

Date

Date