


Veterinary Health Certificate for Export of Marsupials from the United States of America to United Arab Emirates		
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	
1. Consignor:		2. Consignee:
3. Country Of Origin: USA		4. State Of Origin:
5. Country Of Destination: United Arab Emirates		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: Marsupials		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
Marsupials from the United States of America to United Arab Emirates



Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

21. Identification Of Commodities: Continued

Species	Identification Number	Breed (scientific name)	Age	Sex	Quantity	Other Details

**Veterinary Health Certificate for Export of
Marsupials from the United States of America to United Arab Emirates**



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

Certification Statements:

I, the undersigned USDA accredited veterinarian, acknowledge that the live animals of the above descriptions satisfy the following conditions:

1. In regard to Foot and Mouth Disease (FMD), the animals for export:

☐ Originate from a country or zone that has been recognized by the WOAHA as free from Foot and Mouth Disease (FMD).

☐ Originate from a country or zone where FMD outbreak has not occurred for at least 12 months prior to export, in accordance the published animal health reports.

☐ Originate from country or zone where FMD outbreak has not been recorded for at least three (3) months prior to export in a condition of applying a stamping-out policy.

☐ Have been kept in approved quarantine for at least 30 days prior to export and were subjected during the last 2 days prior to export to a diagnostic laboratory test for FMD disease with negative results.

Date of test: _____

2. In regard to Brucella, the animals for export:

☐ Originate from a country, or zone, or state where Brucella has not been recorded for at least three (3) years prior to export.

☐ Were subjected diagnostic laboratory test for brucella with negative results prior to export.

3. In regard to Rift Valley fever (RVF), the animals for export:

☐ Originate from a country not included geographically located in Rift valley, Africa.

☐ Originate from countries where Rift Valley fever (RVF) has not been registered for at least two (2) years prior to export and were subjected prior to export to a diagnostic laboratory test with negative result.

Date of test: _____

4. The animals originate from an establishment which has no recorded cases of anthrax for at least 20 days prior to export.

5. The animals originate from an establishment which has no recorded case of rabies for at least the last one (1) year prior to export.

6. The animals received preventive doses for internal and external parasite treatment prior to export and were sprayed with pesticides approved by the World Organization for Animal Health, within 14-21 days before export.

Date of internal and external parasite treatment: _____

Date of pesticide application: _____

Veterinary Health Certificate for Export of
Marsupials from the United States of America to United Arab Emirates



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

Certification Statements:

7. The animals were examined within 48 hours prior to loading and showed no clinical signs of any contagious and infectious disease, including Q fever.

8. Record of the vaccinations which were given to the animals within the six (6) months prior to export, are attached (include the name of disease, vaccine type, and vaccination date).

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date