

**Model Veterinary Health Certificate for Importation of Horses Into The United States
From Contagious Equine Metritis-affected Regions Requiring a Three Day Quarantine**

Veterinary Authority

Date Of Issue

Health Certificate Number

1. Consignor:

Name

Address

Country

2. Consignee in the United States:

Name

Address

Country

3. Country Of Origin/ISO code:

4. State Of Origin:

5. Premise/Farm Of Origin:

Name

Address

6. Port Of Embarkation/ Entry Point/ Border Port:

7. Estimated Date Of Shipment:

8. Means Of Transport:

9. Place of Destination:

10. Description: *Registered Name/Breed/Color/Sex/Distinctive Markings:

*Clear identifications must accompany this certificate: photographs, microchip, and/or a silhouette indicating markings. A passport identifying the horse may be attached to this certificate provided that the passport number is included.

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This is to certify that on _____ (date), I examined the horse identified above:

I. The horse was in the country of export for the last 60 days immediately preceding exportation to the United States. If residing in the country for less than 60 days the horse is accompanied by a like health certificate issued by a full-time salaried veterinary officer of the National Government of each country in which the horse has been during the 60 days immediately preceding shipment to the United States, with the residency dates spent in each country specified;

Has been inspected and found to be free of contagious diseases and, insofar as can be determined, not exposed to communicable diseases immediately preceding exportation, or if applicable, during the indicated period of residency in any of the countries listed;

Has not been vaccinated with a live, attenuated or inactivated vaccine during the 14 days immediately preceding exportation;

Has not been on premises where African horse sickness, dourine, glanders, surra, epizootic lymphangitis, ulcerative lymphangitis, equine piroplasmiasis, equine infectious anemia (EIA), contagious equine metritis (CEM), vesicular stomatitis, or Venezuelan equine encephalomyelitis has occurred during the 60 days in the countries where the horse has resided immediately preceding exportation, nor have these diseases occurred on any adjoining premises during the same period of time;

Has been examined and found to be free of ectoparasites.

II. Contagious Equine Metritis

For horses less than 731 days of age:

Has never been used for breeding, either live or artificial.

For all intact males over 731 days of age and intact males under 731 days of age which have been used for breeding:

On _____ (date), specimens (4) were collected from the mucosal surface of the prepuce, the urethral sinus, the distal urethra and the fossa glandis (including the diverticulum of the fossa glandis).

The date of sampling is within 30 days of export but not less than 21 days following treatment if treated for CEM.

For all females over 731 days of age and females under 731 days of age which have been used for breeding:

On _____ (date), specimens (3) were collected from the mucosal surface of the clitoral fossa, clitoral sinuses, and if the mare is not pregnant, the distal cervix or endometrium.

The date of sampling is within 30 days of export but not less than 21 days following treatment if treated for CEM.

All specimens were received and plated within 48 hours of collection by a laboratory approved by the National Government Animal Health Authority to perform bacteriological tests for CEM.

Name of Laboratory Used _____

Collection Date _____

Result _____ Date _____

Veterinary Authority	Date Of Issue	Certificate Number
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The horse was not bred naturally or by artificial insemination from the time of specimen collection to the date of export.

Either the horse has never cultured positive for the CEM organism
OR

The horse cultured positive on _____ (date), was treated using (describe protocol) and has been cultured negative on _____ (date) being not less than 21 days after the last topical antibiotic treatment.

Signature of Examining Veterinarian: _____

Date _____

Signature of Official Veterinarian: _____

(Authorized veterinarian for the National Veterinary Services OR officially recognized full-time animal health government representative.)

Date _____