| Model Veterinary Health Certificate for Importation of Horses Into The United States From Regions Affected With Foot and Mouth Disease Requiring a Seven Day Quarantine | | | | | | |
|---|---------------------|---|--------------------------------------|--|--|--|
| Veterinary Authority | Date Of Issue | | Health Certificate Number | | | |
| 1. Consignor: | | 2. Consigne | e in the United States: | | | |
| Name | | Name | | | | |
| Address | | Address | | | | |
| Country | | Country | | | | |
| 3. Country Of Origin/ISO code: | | 4. State O | of Origin: | | | |
| 5. Premise/Farm of Origin: | | 6. Port Of Embarkation/ Entry Point/ Border Port: | | | | |
| Name | | | | | | |
| Address | | | | | | |
| 7. Estimated Date Of Shipment: | | 8. Means Of | Transport: | | | |
| | | | | | | |
| 10. Description: *Registered Name/B | reed/Color/Sex/Dist | inctive Marki | ings: | | | |
| *Clear identifications must accompansilhouette indicating markings. | y this certificate: | photographs | , brand, tattoo, microchip, and/or a | | | |
| | | | | | | |

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 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 fourteen (14) days immediately preceding exportation;

Has not been on premises where African horse sickness, dourine, glanders, surra, epizootic lymphangitis, ulcerative lymphangitis, equine piroplasmosis, equine infectious anemia, contagious equine metritis, vesicular stomatitis, or Venezuelan equine encephalomyelitis has occurred during the sixty (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. Foot and Mouth Mitigations:

- 1. Within the five (5) days immediately prior to export, this horse has not been on any premises or quarantined area identified to be infected with FMD, nor has the above horse been in direct or indirect contact with domestic or wild ruminants or swine that have been in a FMD quarantine area or on an FMD affected or quarantined premises.
- 2. The following procedures were performed in the exporting country to loading for departure:
 - (a) The horse was groomed to remove dirt and debris, and subsequently wiped, sprayed and/or sponged down with vinegar or a solution of 6.5 ounces of concentrated glacial acetic acid in 1 gallon of water or another approved disinfectant.
 - (b) The horse's hooves were cleaned and disinfected with a 4% sodium carbonate (soda ash) solution or Virkon S in a manner to ensure that the hooves are free of dirt, manure and debris.
 - (c)Prior to loading the horse, all crates and transportation vehicles were cleaned and disinfected with an approved product.
 - (d)Any equipment (tack, blankets, sheets, leg wraps, etc.) accompanying the horse has been laundered or cleaned to remove dirt and debris prior to disinfection with an approved product.
 - (e)The equipment was cleaned and disinfected with a 4% sodium carbonate (soda ash) solution immediately prior to shipment. The disinfectant used will have removed the risk of this equipment transmitting the foot-and-mouth disease virus.

| Gignature of Examining Veterinarian: | |
|---|-------|
| Date | |
| Signature of Official Veterinarian: | |
| Authorized veterinarian for the National Veterinary Services OR officially recognized full-time animal health government representati | ive.) |
| Date | |