



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT - RURAL DIRECTORATE  
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS  
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No:.....

EXPORT OF CATTLE FOR BREEDING OR PRODUCTION TO THE ISLE OF MAN

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

SERVICE: OFFICIAL VETERINARIAN

I. NUMBER OF ANIMALS :.....

II. NUMBER AND IDENTIFICATION OF THE ANIMALS

Official Ear Mark	Colour	Breed	Sex	Date of Birth
<b>SPECIMEN</b>				

**III. ORIGIN OF THE ANIMALS**

- a) Name and address of consignor: .....  
.....  
.....
  
  - b) Address of premises where the animals were examined:.....  
.....  
.....
- Post town:..... Postcode:.....

**IV. DESTINATION OF THE ANIMALS**

- a) Name and address of consignee: .....  
.....  
.....
  
  - b) Address of destination of animals:  
.....  
.....
- Post town:..... Postcode:.....
- c) Means of transportation: .....  
(Registration number of vehicles/Flight No of plane/Name of ship)

**V. HEALTH INFORMATION**

I, the undersigned, certify that the animals described above meet the following requirements:

- a) on ....., being within 24 hours prior to loading, I examined the said animals and found them to be free from clinical signs of infectious or contagious disease, and fit to travel;
  
- b) the said animals originate from a herd which is Officially Tuberculosis free, Brucellosis free and are enzootic bovine leukosis free;
  
- c) on ....., being within 30 days prior to loading the said animals were subjected to a intradermal comparative test for tuberculosis using officially approved avian and bovine PPD tuberculins and they passed the test according to DEFRA standard interpretation;
  
- d) a declaration has been received from the owner\*/exporter\* stating that the said animals will be transported direct from the premises of origin via the port of shipment to the final destination at IV (b) in vehicles cleansed and disinfected beforehand with DEFRA approved disinfectant and without coming into contact with animals other than those similarly certified;

VI. This certificate is valid for 10 days.

Stamp: Signed:.....RCVS

Name in  
block letters:.....  
Official Veterinarian

Date:..... Address:.....

.....

**SPECIMEN**

**SPECIMEN**