



EXPORT OF CATTLE FOR BREEDING OR PRODUCTION TO NORTHERN IRELAND

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number of animals

II. Identification of the animals

5151EHC (Amended 05/10/2009)

III. Origin of the animals

(a) Name and address of exporter:
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(b) Address of premises where the animals were examined:
.....
.....

POST TOWN POST CODE

IV. Destination of the animals

(a) Name and address of consignee:
.....
.....

(b) Address of place of destination of animals:
.....
.....

POST TOWN POST CODE

(c) Means of transportation:.....
(REGISTRATION NO.OF VEHICLE/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 fit to travel and free from clinical evidence of infectious or contagious disease;
- (b) the said animals originate from a herd which is Officially Tuberculosis Free , Officially Brucellosis Free , and is Officially Enzootic Bovine Leukosis Free;
- (c) the import into Great Britain of animals vaccinated against foot and mouth disease is prohibited;
- (d) a declaration has been received from the owners/exporters* stating that the said animals will be transported from the premises of origin */ ~~the market~~ * via the port of shipment to the final destination at IV(b) in vehicles cleansed and disinfected beforehand with DEFRA approved disinfectant and without being off-loaded and/or coming into contact with animals other than those similarly certified;

* Delete as applicable

VI. IDENTIFICATION OF THE ANIMALS

Each animal, described at paragraph II (or on the attached schedule), has been examined and the ear mark has been checked and is in accordance with the Bovine Animals (Identification, Marking and Breeding Records) Order 1990 (as amended) or the Bovine Animals (Records, Identification and Movement) Order 1995.

VII. This certificate is valid for 10 days.

Stamp

Signed RCVS

**Name in
block letters**
Official Veterinarian

Address

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Date

.....

SPECIMEN