



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
 THE SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
 NATIONAL ASSEMBLY FOR WALES

No:

EXPORT OF FROZEN OVINE SEMEN TO CANADA

SCRAPIE SUPPORT CERTIFICATE

FOR COMPLETION BY: OWNER OF DONOR RAM AND WHOLE-TIME VETERINARY OFFICER

I. i) Information concerning the donor ram

Date & birth	Breed	Registered name	Official identification	Official identification of dam of the donor	Official identification of sire of the donor

ii) Date of entry into semen collection centre:

iii) Date(s) of semen collection:

II. Movement history of the donor ram

i) Owner declaration

I declare that the above ram was born and has since resided on holdings as stated below (movements to officially approved shows may be ignored):

	Address of holding	Date moved on	C/P/H/H
1. Holding of birth			
2. Movement 1			
3. Movement 2			
4. Movement 3			

Date:.....

Signature:.....

Name of owner:.....

Address:.....

- ii) Endorsement by Private Veterinary Surgeon
I have no reason to doubt the veracity of the declaration made at paragraph II. i) above

Stamp
Signature:.....
Private Veterinary Surgeon
Name:.....
Address:.....
Date:.....

III. Veterinary declaration - by Whole-Time Veterinary Officer of Defra

On the basis of official records, I certify that:

- i) Scrapie has never been confirmed on the holdings referred to in paragraph II;
- ii) In case scrapie has been confirmed more than 42 months prior to the date of the first collection of semen stated at paragraph I (ii) above, on any of the holdings referred to in paragraph II, the dam or sire of the donor ram identified at paragraph I has not been confirmed to have been affected by scrapie.
- iii) the last holding of origin of the ram, prior to movement into the semen collection centre, is not under any official restrictions linked to an outbreak of brucellosis, rabies, anthrax or foot and mouth disease.
- iv) the donor ram identified at I i) is not under any official restrictions on animal health grounds, served prior to movement onto the SCC.

Stamp
Signature:.....
Whole-Time Veterinary Officer
Name:.....
Address:.....
Date:.....