

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

DEPARTMENT FOR AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

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	ORT TO S	ST.KITTS OF MEAT PRODUCTS OF BIUNGULATE O	No: RIGIN		BEEF
HEAI	LTH CERT	TIFICATE			
EXPO	ORTING C	COUNTRY: UNITED KINGDOM			
FOR	COMPLET	TION BY: OFFICIAL VETERINARIAN	X		
I.	Ident	tification of the products			
	a)	Type of animal:			
	b)	Type of product:			
	c)	Number of packages:			
	d)	Net weight:			
	e)	Shipping marks:			
		i. Container No:			
		ii. Seal No:			
II.	Origi	in of products			
	a)	Name, address and veterinary approval nestablishment:			
			• • • • • •		
III.	Desti	ination of the products			
	a)	The products were despatched from:	• • • • • •		
		to: (country and place of desti			
	b)	Name and address of exporter:			
				· · ·	

	c)	Name and address of consignee:				
	d)	Means of transportation:				
	e)	Proposed date and port of shipment:				
IV.	IV. Health information					
I,		ndersigned, certify that the meat products described overleaf the following requirements:				
1.	were derived from animals which:					
	7	were subjected to ante-mortem inspection under official veterinary supervision where no clinical evidence of notifiable infectious or contagious disease was noted;				
		were examined under official veterinary supervision immediately after slaughter and found fit for human consumption in accordance with legislation currently in force in the European Union;				
		were slaughtered and the meat products prepared in an establishment approved for trade within the European Union;				
		were not derived from holdings on which a case of an OIE list A disease to which the species of origin is susceptable and has been confirmed at the time of slaughter.				
2.	has been produced, handled, stored and transported within the European Union in accordance with European Union hygiene legislation;					
3.	is ac	cceptable for human consumption throughout the European Union.				
* dele	te if	not applicable				
Date:		Signed				
Stamp		Name in block letters: Official Veterinarian				

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