

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

EXPOR!	r of breeding p	IGS TO THE	GAMBIA				
HEALTI	H CERTIFICATE				No: .		
EXPOR	TING COUNTRY:	UNITED	KINGDOM				
FOR CO	OMPLETION BY:	OFFICIA	AL VETERINAF	RIAN			
I.	Number and ide	ntification	n of the ani	mals			
	namber and rac		01 010 011				
Offic	cial ear mark		Breed		Sex	Age	
II.	Origin of the	animals					
a)	Name and addre	ss of expo	rter:				
					. .		
					, .		
b)	Address of pre		_				
							• •
							• •
							
III.	Destination of	the animal	ls				
a)	Name and addre	ss of cons	ignee:				
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			. 		
b)	Address of des	tination of	f the animal	.s:			
		• • • • • • • • • •			· • • • • • • • • • •		

C)	Means of transportation (including registration number of vehicle,
	flight number of aircraft or name of ship, port/airport and expected
	date of departure)
d)	Import Permit No:

IV. Health information

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

- (a) the United Kingdom is free from foot and mouth disease, African swine fever, classical swine fever, brucellosis (Brucella suis), swine vesicular disease and rinderpest in accordance with the World Organisation for Animal Health (OIE) Terrestrial Animal Health Code. Vaccination against these diseases is not permitted in the United Kingdom;
- (b) the premises of origin are not situated in an area subject to official restrictions due to a notifiable disease to which pigs are susceptible;
- (c) there has been no clinical or microbiological evidence of tuberculosis or brucellosis at the premises of origin during the past 12 months;
- (d) there has been no clinical evidence of the following diseases at the premises of origin:
 - (i) leptospirosis, progressive atrophic rhinitis or transmissible gastroenteritis - during the past 12 months;
 - (ii) porcine reproductive and respiratory syndrome (PRRS) during the past 6 months;
- (e) with regard to porcine reproductive and respiratory syndrome (PRRS), on.................................. (date), within 30 days prior to export, blood samples were taken from the animals and sent to a laboratory officially approved by the competent veterinary authority where they were subjected to * either immunoperoxidase monolayer assay (IPMA) (negative result is a titre of less than 1 in 10) * or an enzymelinked immunosorbent assay (ELISA) (negative result is an S/P ratio of less than 0.4) with negative results;
- (f) with regard to Aujesky's Disease:
 - * EITHER in the case of pigs exported from Great Britain;

Great Britain is free of Aujeszky's disease and vaccination against Aujeszky's disease is not permitted;

- * OR in the case of pigs exported from Northern Ireland;
 - (i) there has been no clinical, serological or pathological evidence of Aujeszky's disease on the premises of origin during the past 12 months; and

		(ii) on				
(g)	inten exter	on				
(h)	on					
(j)	on (date), being within 24 hours of loading, I examined the animals and found them to be free from clinical signs of infectious or contagious disease;					
(k)	a signed undertaking has been received from the owner / exporter stating that the following arrangements have been made regarding the transportation of the animals from the premises of origin to the airport / port of shipment;					
	(i)	they will be transported directly to the airport / port of shipment in containers/vehicles previously cleansed and disinfected with an approved disinfectant;				
	(ii)	they will be transported without coming into contact with any animals other than those similarly certified.				
v.	Valid	ity of Certificate				
	signa origi	health certificate is valid for 15 days from the date of ture. If the consignment is transported from the country of n by sea, the period of validity is extended by the duration of oyage.				
* Delete as appropriate						
Official Stamp Signed RCVS Official Veterinarian						
		Title and name in block letters				
Date		Address				
5 466						

