

# DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

#### WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS, NORTHERN IRELAND

### Export Of Frozen Ovine Embryos From Great Britain To Australia

Appending Schedule to Export Health Certificate serial number: Australian Import Permit Number:

### (I) Information concerning each donor:

|  | Donor Dam | Donor Sire |
|--|-----------|------------|
| Breed  |           |            |
| Herd Book Number                                       |           |            |
| Identification:  |           |            |
| Microchip number:                                      |           |            |
| OR, ear tag number:                                    |           |            |
| Name of embryo donor:                                  |           |            |
| Name and address of                                    |           |            |
| flock of origin  |           |            |
| Date of entry into the                                 |           |            |
| collection centre for                                  |           |            |
| each embryo donor:                                     |           |            |
| (II) Information concerning the semen from donor sire: |           |            |

| _                           |  |
|-----------------------------|--|
| Date of collection/breeding |  |
| date:                       |  |
| Freeze date:                |  |
| Batch number:               |  |
| Straw identification:       |  |

# (III) Information concerning the embryos from donor dam:

| Dates of collection:           |  |
|--------------------------------|--|
| Dates of period of collection: |  |
| from:                          |  |
| to:                            |  |
| Number of embryos:             |  |
| Number of straws:              |  |
| Identification of straw        |  |
| including donor details:       |  |
|                                |  |

|                             | cation code on straws:                                    |
|-----------------------------|---|
|                             | •                   |
|                             | •                   |
|                             |   |
| I, the undersigned, regist  | ered Embryo Collection Team Veterinarian, certify         |
|                             | d in table (III) above and collected from the             |
|                             | (I), and fertilised using semen described in              |
|                             | in vivo, collected and processed by my embryo             |
| collection team.            |   |
|                             |   |
| Stamp                       | Signed RCVS   |
|                             |   |
|                             |   |
|                             | Name in block letters                                     |
|                             |   |
|                             |   |
|                             | Registered Embryo Collection Team Veterinarian            |
|                             |   |
|                             | Address   |
|                             |   |
|                             |   |
| Date:                       | Registered No. of Team:                                   |
|                             |   |
|                             |   |
| I, the undersigned, certif  | y that the information provided above is correct and that |
| the autopsy of the donor a  | nimal(s) identified above was/were performed by *a        |
|                             | fficer of the APHA Veterinary Investigation Centre, at    |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
| (name and address of APHA   |   |
| *or by myself on:           | (date of autopsy).  |
| T attach an original conv   | or certified true copy of the autopsy report herewith.    |
| i accacii aii originar copy | or certified true copy of the autopsy report herewith.    |
|                             |   |
| OV Stamp                    | Signed RCVS   |
|                             |   |
|                             | Name and title in block letters                           |
|                             | Name and creat in brook reception.                        |
|                             |   |
|                             | Official Veterinarian                                     |
|                             |   |
|                             | Telephone number: Email address:                          |
|                             | EMMAII AGGIESS.   |
|                             | Address   |
|                             |   |
|                             | •••••••••••••••••••••••••••••••••••••••                   |
| Date:                       |   |
|                             |   |

Note: Official Stamp must be endorsed on all pages of the export health certificate)

## \*Delete as appropriate

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