

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the animals

Official ear mark	Breed		Sex	Age
		,		
II Origin of the anim	als			

II (Origin of	the animals						
(a)	Name and	address of	exporter:					
(b)	Address	of isolation	n premises	where th	ne animals	s were ex	amined:	
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	• • • • • • • •			• • • • • • •		• • • • • • •	• • • • • • •	••••
(C)	Address	of premises	of origin	(If dif:	ferent fro	om II(b):		
								• • • • • •

III	. Destination of the animals
(a)	Name and address of consignee:
(b)	Address of premises of destination:
(C)	Means of transportation:

IV Health Information

Part I - Premises of origin

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

- in so far as can be determined there has been no clinical or other evidence within the past 3 years in the herd of origin or in any herd in which the said pigs have been kept during the past 12 months of transmissible gastro-enteritis; porcine respiratory corona virus infection or porcine epidemic diarrhoea infection;
- (b) the herd of origin described at II(c) is not subject to any official restriction for disease control purposes;
- (c) in so far as can be determined and after an examination of the breeding records there is no clinical, pathological or serological evidence that an outbreak of blue-eared pig disease (porcine reproductive respiratory syndrome), transmissible gastroenteritis or porcine respiratory coronavirus infections have occurred on the premises of origin described at II(c) or on any other premises where the pigs have resided, during the 3 years prior to export.
- (d) in so far as can be determined there has been no clinical or other evidence of Aujeszky's disease or swine influenza in the herd of origin described at II(c) during the 12 months period immediately preceding the date of export;
- (e) a written declaration has been received from the owner/exporter stating that during the 3 months period immediately preceding the date of export, no waste food was fed to the pigs to be exported, nor during that same period has any waste food been brought onto or stored at the premises described at II (b) and (c) where the pigs to be exported have been kept;
- (f) based on a written declaration received from the owner/exporter and after an examination of the movement records, no pigs have been moved onto the holding where the isolation premises is situated during the 3 weeks period immediately preceding the date of export;
- (g) based on a written declaration received from the owner/exporter, the pigs to be exported to Jersey/Bailiwick of Guernsey* were born in or have resided in Great Britain for at least 6 months immediately preceding the date of export.

ullet delete as appropriate

OV Stamp		SignedMRCV	
		Name in BLOCK LETTERS	
		Official Veterinarian	
Date.		Address	
Part :	II - Isolation Premises		
	e undersigned, certify the wing requirements:-	hat the animals described above meet the	
(h)	I examined the said anim	being within 24 hours of the date of export, mals and found them to be free from clinical or contagious disease including ectoparasites or travel;	
(j)	all identification marks stated on the schedule;	s of the pigs to be exported are clear and as	
(k)	stating that the animals selected have been kept in every case in a built	as been received from the owner/exporter is from which those to be exported will be in isolation as remote as is practicable and ding with airspace separate from all other of not less than 21 days immediately	
(1)	stating that the said as isolation premises to the cleansed and disinfected	as been received from the owner/exporter himals will be transported direct from the neir final destination in containers/vehicles d with a DEFRA approved disinfectant and tact with animals not similarly certified.	
v	This certificate is val	id for 10 days.	
OV	Stamp	SignedMRCVS	
		Name in BLOCK LETTERS	
		Official veterinarian	
Date.		Address	