## HEALTH CERTIFICATE HORSES OFFERED FOR SHIPMENT TO THE UNITED STATES OF AMERICA

Certificate of a Veterinary officer of the National Government of the country of origin to accompany horses to the United States from any part of the world, on prescribed by Title 9 CFR Part 92.17 of the Animal Health Division, Agricultural Research Service, United States Department of Agriculture.

|                                  | Place                                                   | , Date                         |
|----------------------------------|---------------------------------------------------------|--------------------------------|
| I hereby certify, that the       | e following horse for shipment to the United States by  |                                |
|                                  |                                                         | (Name and Address of Exporter) |
| from the port of<br>consigned to |                                                         |                                |
|                                  | (Name and Address of Consignee in the United States)    |                                |
| Has been in                      | during the past sixty (60) days preceding export to the | e United States.               |

(Name of Country)

Find that the animal has been inspected on the premises of origin and found free from evidence of communicable disease and, insofar as can be determined, exposure thereto during the 60 days preceding exportation.

That the animal has not been vaccinated with a live or attenuated or inactivated vaccine during the 14 days preceding exportation and insofar as can be determined, no case of African Horse Sickness, Dourine, Glanders, Surra, Epizootic Lymphagitis, Ulcervative Lymphagitis, Equine Piroplasmosis, Venezuelan Equine Encephalomyelitis, Equine Infectious Anemia, Contagious Equine Metritis (CEM) and Vesicular Stomatitis has occured on the premises of origin or on adjoining premises during the 60 days preceding exportation.

This horse has not been on premises at any time during which time such premises were officially found to be affected with C.E.M., it has not been bred by or bred to any horse from affected premises, it has not had any contact with horses that have been found affected with C.E.M.;

The horse has been examined and found to be clinically free of ectoparasites

 SCHEDULE

 NAME
 COLOR
 SEX
 AGE
 BREED

## **DISTINCTIVE MARKINGS**

Signed \_\_\_\_\_\_\_\_\_\_(Address) (official Title)

Title of certifying officer must be shown in sufficient detail to show actual official connection with the National Government of the country of origin.

