

Cert. nr :

**HEALTH CERTIFICATE FOR THE PERMANENT ADMISSION OF
REGISTERED EQUINE INTO QATAR
FROM EU COUNTRIES**

No. OF CERTIFICATE:

COUNTRY OF DISPATCH:

MINISTRY RESPONSIBLE:

I. Identification of the horse

Species	Breed - Age - Sex	Method of identification & identification
A passport identifying the horse should be attached to this certificate provided that its number is stated		
i. No of identification document (passport):		
ii. Validated by (Name of competent authority):		

II. Origin and destination of the horse

The horse is to be sent from

(place of export)

Directly to

(country and place of destination)

By railway / lorry / aircraft / ship

(indicate means of transport & registration marks, flight number, or registered name, as appropriate)

Name and address of consignor:

Name and address of consignee:

III. Health information

I, undersigned, certify that the horse described above meets the following requirements:

a. It comes from a country where the following diseases are compulsorily notifiable: African horse sickness, dourine glanders, equine encephalomyelitis (of all types including VEE), equine infectious anaemia, vesicular stomatitis, rabies & anthrax.

b. It has been examined today and shows no clinical signs of contagious or infectious disease and is fit to travel.

c. It is not intended for slaughter under a national program of infectious or contagious disease eradication.

d. During the last 40 days immediately preceding exportation the horse has been resident on a holding under veterinary supervision apart from other Equidae not of the same health status.

e. It comes from the territory or in case of official regionalization agreed by the EU, from a part of the territory of a third country in which:

- (i) Venezuelan equine encephalomyelitis has not occurred during the last two years.
- (ii) Dourine has not occurred during the last six months.
- (iii) Glanders has not occurred during the last six months.
- (iv) Vesicular stomatitis has not occurred during last six months.
- (v) In the case of an uncastrated male equine animal over 180 days old, Equine viral arteritis (EVA) has not been officially recorded during the last six months ⁽¹⁾;

OR

The animal was tested on a sample of blood taken within 21 days of export on ⁽²⁾ by a virus neutralization test for EVA with negative result at a dilution of 1 in 4 ⁽¹⁾;

OR

The semen of the animal taken within 21 days of export on ⁽²⁾ was tested by a virus isolation test for EVA with negative result ⁽¹⁾.

f. It does not come from the territory or from a part of the territory of EU countries considered, in accordance with OIE definition, as infected with African Horse Sickness (African horse sickness has not occurred in the last 2 years).

It was not vaccinated against African horse sickness ⁽¹⁾.

g. It does not come from a holding which was subject to prohibition for animal health reasons nor had contact with equidae from a holding which was subject to prohibition for animal health reasons:

- (i) During six months in case of equine encephalomyelitis, beginning on the date on which equidae suffering from the disease were slaughtered or removed from holdings.
- (ii) In the case of infectious anemia, until the date on which, the infected animals have been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart.
- (iii) During six months in case of vesicular stomatitis.
- (iv) During one month from last recorded case, in case of rabies.
- (v) During 15 days from last recorded case, in case of Anthrax.

OR

If all the animals of species susceptible to the disease located have been slaughtered and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in case of anthrax, where the period of prohibition is 15 days.

h. It shows no clinical signs of contagious equine metritis (CEM) and it does not come from a holding where there has been any suspicion of CEM during the past two months nor had contact indirectly or directly through coitus with equidae infected or suspected of CEM.

i. To the best of my knowledge, it has not been in contact with Equidae suffering from an infectious or contagious disease in the 40 days prior to this declaration.

j. It was subjected to the following blood tests carried out with negative result on samples of blood taken within **30** days of export on ⁽²⁾.

- A Coggins test for equine infectious Anemia.
- A complement fixation test for Dourine at a dilution of 1:10
- A Complement fixation test for Glanders at a dilution of 1: 10
- A ELISA test for African horse sickness

k. During the 60 days immediately prior to export, but not within 14 days of export, the horse received EITHER

(1) at least two primary vaccinations against equine influenza given between 21 and 42 apart ⁽¹⁾⁽²⁾⁽³⁾.

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Date of vaccinations (1st) (2nd)
OR

(2) it received a booster vaccination against equine influenza which was given within 12 months of a certified primary course or within 12 months of a certified booster vaccination where it, and any other previous booster vaccination, had been administrated annually within a regular 12 months period since the primary course. ⁽¹⁾⁽²⁾.

Date of booster vaccination

	Date	Vaccine type	Batch No
1 st primary vaccination			
2 nd primary vaccination			
last booster vaccination			

IV. The horse will be sent in a vehicle cleaned and disinfected in advance with a disinfectant officially recognized in the country of dispatch and designed in a way that droppings, litter or fodder cannot escape during transportation

V. The certificate is valid for 10 days.

Date	Place	Stamp (*) and signature of the official veterinarian

(name in block letters, qualification and title)

(*) the color of the stamp must be different to that of the printing

⁽¹⁾ keep as appropriate

⁽²⁾ insert date

⁽³⁾ for Qatar import purposes, a primary course of vaccination will be considered to consist of at least two doses of the same vaccine given 21-42 days apart; consideration will be given to primary courses given at intervals outside these limits but only if it can be shown that they are in line with the vaccine manufacturer’s recommendation

DECLARATION

I, the undersigned (insert name in block letter)

(owner or representative of the animal described above)

Declare:

1 - The animal will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equidae not of the same health status.

2 - **The transportation will be effected in such a way that health and well-being of the animal can be protected effectively.**

.....
(place, date)

.....
(signature)