HEALTH CERTIFICATE

FOR THE EXPORT/RETURN OF HORSES FROM JAPAN TO THE UNITED ARAB EMIRATES AFTER COMPETING IN INTERNATIONAL EVENTS

		No. of certificate
Country of dispatch	JAPAN	
Ministry responsible:		
I. IDENTIFICATION OF THE HORS	E	
Species:	Breed - Age - Sex	Method of identification & identification
Horse		
A passport identifying the equine hors a) No of identification document (passport) b) Validity by:	ort):	
	(Name of competent authority	
II. ORIGIN AND DESTINATION OF The horse is to be sent from:		
	(Place of export)	
Directly to:	Address of place of destination	
(By Aircraft)		
	Indicate Airline and flight nu	ımb

Name and address of	
consignor:	
Name and address of	
consignee:	
III. HEALTH INFORMATION	

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

- a) It has come from a country where the following diseases are compulsorily notifiable: African Horse Sickness, Dourine, Glanders, Equine Encephalomyelites (of all types including VEE), Infectious Anaemia, Vesicular Stomatitis, Rabies, Anthrax.
- **b)** It has been examined today and shows no clinical sign of disease (2)
- c) It is not intended for slaughter under a national programme of infectious or contagious disease eradication
- e) It comes from Japan where:
 - 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:
- f) It comes from Japan which is considered free of African Horse Sickness in accordance with OIE definitions.
- **g**) Whilst in Japan it was not on any 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 the case of Equine Encephalomyelitis, beginning on the date on which the equidae suffering from the disease are slaughtered.
 - ii) In the case of Infectious Anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart.
 - iii) During six months in the case of Vesicular Stomatitis.
 - iv) During six months in the case of Equine Viral Arteritis.

- v) During one month from the last recorded case, in the case of Rabies.
- vi) During 15 days from the last recorded case, in the case of Anthrax.

If all the animals of species susceptible to the disease located on the holding 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 the case of Anthrax, where the period of prohibition is 15 days.

- **h**) To the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration.
- i) EITHER, during the 90 days immediately prior to export (1), OR, in the case of horses which have come directly from the UAE, during the 365 days immediately prior to export (1), but not within 14 days of export, the horse received;

Either (i) at least two primary vaccinations against Equine Influenza, given between 21 and 42 apart (2) (3) (4).

Dates of vaccinations 1	
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Or (ii) 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 vaccinations, had been administered annually within a regular 12-month period since the primary course. (2) (3) (4)

Date of booster vaccination	
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- j) It is named on a valid import permit issued by the Ministry of Agriculture and Fisheries of the United Arab Emirates
- **IV** The horse will be sent in a vehicle cleansed and disinfected in advance within a disinfectant officially recognised in the country of dispatch and designed in a way that droppings, litter or fodder cannot escape during transportation.

The following declaration signed by the owner or representative is part of the certificate.

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 colour of the stamp must be different to that of the printing

DECLARATION

I, the undersigned,				
(Insert Name in block letters)				
(Owner or representative (1) of the animal described above)				
clare				
The horse 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.				
The conditions of paragraph (d) in Chapter III are fulfilled;				
(Place, date) (Signature)				
Delete as appropriate.				
This certificate must be issued on the day of loading of the horse for dispatch to the place of destination or of the last working day before embarkation.				
Insert date.				
For UAE import purposes a primary course of vaccinations will be considered to consist of at least two doses of				
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

recommendations.

Import of horses into the UAE from Japan

Additional certificate for equine influenza (EI)

Certificate No.:----

1.	The horse was tested for equine influenza with negative results within 5 days prior to shipment
	Date of test:
	Method: PCR*, or antigen ELISA*
	(*delete as appropriate)
2.	The horse comes from influenza free premises (no clinical sign of EI were seen in any premises in which
	the horses had been resident for the 21 days prior to shipment nor on the day of shipment).
3.	During the 90 days immediately prior to export, but not within 14 days of export, the horse received:
	Either (i) Two primary vaccination against Equine Influenza in accordance with the manufacturers
	recommendations;
	Dates of vaccination 1*
	Or (ii) it received a booster dose to a previously certified course of primary vaccination
	Date of booster vaccination:*
	(*delete as appropriate)
	Date of Issue:
	Signature of animal quarantine officer:
	Name in block letter: