Animal Health Information for Intra-Community Movement of Horses to be Provided by Private Veterinary Practitioner on Headed Notepaper

## Details of Equidae:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGE** | **SEX** | **Colour** | **BREEDING &** (if available)**NAME** | **PASSPORT NUMBER** |
|  |  |  |  |  |
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## Premises Of Origin:

## Premises Registration Number:

## Health Information:

I, the undersigned, have verified that each animal is correctly identified in accordance with Commission Implementing Regulation (EU) 2015/262 of 17 February 2015 (Equine Passport Regulation).

I, the undersigned, certify that the animal/s described above meet/s the following requirements:

(1) it/they**1** has/have been examined today and show/s no clinical sign of disease.

(2) it/they**1** is/are not vaccinated against African horse sickness

Or

it/they1 was/were vaccinated against African horse sickness on ……. ………………...(date)

(3)   To the best of my knowledge it/they has/have not been in contact with equidae suffering from an infectious or contagious disease during the 15 days prior to this declaration.

(4) At the time of inspection the above animals were fit to be transported on the intended journey in accordance with the provisions of Council Regulation (EC) No. 1/2005 (See attached guidance).

Signed…………………………………………………..…**2**

Veterinary Practice Stamp**2**

Name in Block Capitals……………………………………………..

Date………………………………………………….

1 ***Delete as appropria*te**

**2 *Signature and stamp should be in a colour of ink that does not readily***

***photocopy (e.g. Blue, not Black).***

**Department of Agriculture, Food and The Marine Guidance in respect of point 3(4) of the certificate.**

**Fitness for transport (Reference: Annex 1 Chapter I of Council Regulation (EC) No 1/2005)**

**1. The following animals shall not be considered fit for transport:**

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| --- |
| 1. **Animals that are injured** e.g. animals with fractures, wounds, bruising, lameness, swelling. 2. **Animals that present with physiological weakness** e.g. weak due to a disease process, injury, starvation, fatigue. 3. **Animals that present with clinical signs of an underlining pathological process** e.g. emaciation, diarrohea, respiratory problems, nervous signs, anorexia. |

2. The following additional guidelines should be used when assessing animal fitness for transport:

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| --- |
| 1. **Whether they are unable to move independentlywithout pain or to walk unassisted** : Animals should be able to move normally and without pain and should not need to be forced to move. 2. **Whether they present a severe open wound or prolapse** : Animals should not have a wound that enters a body cavity or a wound that is bleeding or infected. Animals should not have any external prolapse. Those with internal prolapses (umbilical, inguinal) may be transported as long as they are not causing/likely to cause pain or distress to the animal during transport. 3. **Whether they are females for whom 90% or more of the expected gestation period has passed or females who have given birth within the past week** : i.e. animals in the final 10% of gestation should not be transported. 4. **Whether they are new born mammals in which the naval has not completely healed :** Umbilicus should be dry and shrivelled and the skin beneath healed over. If the umbilicus is wet or infected then the animal should not be transported. |