

(20 動検 第 1058 号)
(平成 21 年 1 月 27 日)

**FOR THE PERMANENT IMPORT OF HORSES INTO THE UNITED ARAB EMIRATES
FROM JAPAN**

No. of Certificate

Country of dispatch:.....JAPAN.....

Ministry Responsible:

I. Identification of the animal

Species: Horse	Breed Age Sex	Method of identification and identification (*)

- (*) A passport identifying the equine animal may be attached to this certificate provided that its number is stated.
- (a) No of identification document (Passport):
- (b) Validated by:
(Name of competent authority)

II. Origin and destination of the animal

The animal is to be sent from:
(Place of export)

Directly to:
(Place of destination)

By aircraft:.....
(indicate flight number)

Name and address of Consignor:

.....

Name and address of Consignee:

.....

III. Health Information

I, the undersigned, certify that the animal 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), Infectious Anaemia, Vesicular Stomatitis, Rabies, Anthrax.
- (b) It has been examined today and shows no clinical sign of disease; (1)
- (c) It is not intended for slaughter under a national programme of infectious or contagious disease eradication;
- (d) During the three months immediately preceding the exportation (or since birth if the animal is less than three months old or since entry if it was imported directly from the European Union or the United Arab Emirates during the previous three months) it has been resident on holdings under veterinary supervision in Japan and 30 days prior to dispatch apart from equidae not of equivalent health status, in Japanese Ministry of Agriculture approved isolation premises.
- (e) It comes from the territory or in cases of official regionalization according to Community legislation 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) - either Vesicular Stomatitis has not occurred during the last six months (2)
or
- the animal was tested on a sample of blood taken within 21 days of export
on (3) by a virus neutralization test for Vesicular Stomatitis with negative results at a dilution of 1 in 12 (2);
 - v) - in the case of an uncastrated male animal, older than 180 days, either,
Equine Viral Arteritis (EVA) has not been officially recorded during the last six months (2),
or
- the animal was tested on a sample of blood taken within 21 days of export
on(3) by a virus neutralisation test for EVA, with negative result at a dilution of 1 in 4 (2),
or
- an aliquot of its entire semen taken within 21 days of export on (3)
was tested by a virus isolation test for EVA with negative result (2):
or
- the animal was vaccinated on (3) against Equine Viral Arteritis
under official veterinary supervision with a vaccine approved by the competent authority,
according to the following programme for initial vaccination and has been re-vaccinated at regular intervals (2).

Programmes for initial vaccination against Equine Viral Arteritis:

Instruction: -Cross out vaccination programmes that do not apply to the animal described above.

-Verify supporting certification on testing before vaccination, vaccination and re-vaccination.

- a) Vaccination was carried out on the day a blood sample was taken that subsequently proved negative in a virus neutralization test at a dilution of 1 in 4:
or
- b) Vaccination was carried out during a period of isolation of not more than 15 days under official veterinary supervision, commencing on the day a blood sample was taken that was tested during that time with negative result in a virus neutralization test at a dilution of 1 in 4:
or

- (f) c) Vaccination was carried out when the animal was at an age of 180 to 270 days, during a period of isolation under official veterinary supervision. During the isolation period two blood samples taken at least 10 days apart proved a stable or declining antibody titre in a virus neutralization test for Equine Viral Arteritis:

(f) It does not come from the territory or from a part of the territory of a third country considered, in accordance with OIE definitions, as infected with African Horse Sickness

 - either it was not vaccinated against African Horse Sickness (2)
 - or
 - it was vaccinated against African Horse Sickness on(2)(3)

(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 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, from the last recorded case, in the case of Vesicular Stomatitis;
 - iv) during one month from the last recorded case, in the case of Rabies;
 - v) during 15 days from the last recorded case, in the case of Anthrax.

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If all 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) 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 being infected with 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 15 days prior to this declaration;

(j) It was subjected to the following test carried out with negative results on a sample of blood taken within 21 days of export on:(3)

 - a Coggins test for Infectious Anaemia

(k) Either it was not vaccinated against Venezuelan Equine Encephalomyelitis; (2)
or
it was vaccinated on (3) this being at least six months prior to pre-export isolation; (2)

(l) It was vaccinated against Japanese B Encephalitis on (2)(3) this being within six months of and at least 30 days prior to export.

(m) During the 60 days immediately prior to export, 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.....2.....

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

- IV** The animal will be sent in a vehicle cleansed and disinfected in advance, with 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. In the case of transport by ship the time is prolonged by the time of the voyage.

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.

- (1) This certificate must be issued on the day of loading of the animal for dispatch to the United Arab Emirates or, in the case of a registered horse, on the last working day before embarkation.
(2) Delete as appropriate.
(3) Insert Date
(4) For UAE import purposes a primary course of vaccinations 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 recommendations.

DECLARATION

I, the undersigned (insert name in block capitals)
(owner or representative of the animal described below)

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.
The transportation will be effected in such a way that health and well-being of the animal can be protected effectively;
2. The animal has either remained inJAPAN..... (exporting country) since birth or entered the exporting country at least 90 days prior to this declaration, or was imported from the European Union or the United Arab Emirates in the last 90 days.

.....
(Place, date)

.....
(Signature)

Dec 2008

Import of horses into the UAE from Japan

Certificate No.:-----

Additional certificate for equine influenza (EI)

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 ----- 2 -----*
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: -----