

No. of Certificate



MINISTRY OF MUNICIPALITY & ENVIROMENT

STATE OF QATAR

وزارة البلدية والبيئة

HEALTH CERTIFICATE

FOR THE TEMPORARY IMPORT OF HORSES INTO QATAR FROM JAPAN FOR COMPETITION OF LESS THAN 90 DAYS TO TAKE PART IN INTERNATIONAL GROUP/GRADE MEETINGS.

No. of Certificate.....

Country of dispatch; (1)

Ministry responsible;

I. Identification of the animal

Species; HORSE	Breed Sex Age	Method of identification & identification (*)
HORSE		

(*) A passport identifying the equine animal may be attached to this certificate provided that it's number is stated.

(a) No. of identification document (Passport);.....

(b) Validated by ;.....

(Name of competent authority)

II. Origin & destination of animal

The animal is to be sent from

(Place of export)

Directly to (2).....

(Premises of the destination in Qatar)

By aircraft (3).....

(Indicate flight number or registered name, as appropriate)

Name & address of Consignor.....

Name & 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, free from external parasites and fit to travel; (2)
- (c) It is not intended for slaughter under a national programme of infectious or contagious disease eradication;
- (d) During the last 40 days immediately preceding the exportation it has been resident on holdings under veterinary supervision in the country of export and/or the European Union.
- (e) It comes from the territory or in cases of officially agreed regionalization from a part of the territory of a 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 (3)
OR
the animal was tested on a sample of blood taken within 10 days of export on..... (4) by a virus neutralization test for Vesicular Stomatitis with negative results at a dilution of 1 in 12 (3);
- (f) It does not come from the territory or from a part of the territory of a country considered, in accordance with OIE definitions, as infected with African Horse Sickness
- (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 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.

OR

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) 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) It was subjected to Coggins test for Infectious Anaemia carried out with negative results on a sample of blood taken within 30 days of export on:
- (j) It was not vaccinated against Venezuelan Equine Encephalomyelitis during the last six months.
- (k) It was vaccinated against Japanese B Encephalitis on(4) this being within twelve months of and at least 30 days prior to export.
- (l) During the 90 days immediately prior to but not within 14 days of export, the horse was administered:
 Either (i) at least two primary vaccinations against Equine Influenza, given between 21 and 42 apart *
 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. *
 Date of booster vaccination

**Enter both dates of a primary course or the date of a valid booster vaccination (where applicable). NB: Where a booster only is entered, certified proof of previous vaccinations must travel with the horse.*

IV. I have a written Declaration signed by the Owner or the Representative stating that;

The animal will be sent directly from the premises of dispatch to the premises of destination without coming into contact with other equine animals not accompanied by such a certificate, in a vehicle cleansed and disinfected in advance, with a disinfectant officially recognised in the country of dispatch.

The conditions of point III (d) are fulfilled.

V. The certificate is valid for 10 days

Date	Place	Stamp (*) and signature of official veterinarian

.....
 (Name in block letters. Qualifications and title)

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

- 1- Territory or part of territory officially approved by Qatar for the import of horses
- 2- This certificate must be issued on the day of loading of the animal for dispatch to Qatar or, in the case of a registered horse, on the last working day before embarkation.
- 3- Delete as appropriate
- 4- Insert date;

DECLARATION

I, the undersigned..... (Insert name in block capitals)
 (Owner or representative of the animal described above)

Declare;

- 1- The horse will be resident inside Qatar for a period longer than.....days
- 2- I agree with the statement indicated in paragraph IV.
- 3- The animal has either remained in.....since birth or entered the country on.....from.....(country of origin)

.....
 (Place/date)

.....
 (Signature)