

**MODEL VETERINARY CERTIFICATE  
FOR THE INTERNATIONAL MOVEMENT OF NOT MORE THAN 90 DAYS  
OF A HIGH HEALTH-HIGH PERFORMANCE HORSE FOR COMPETITION OR RACES**

Certificate number: .....

Import Permit No. (if applicable): ..... issued by  
..... (insert name of Government Authority) of  
..... (insert name of Country of destination)

This certificate is issued for a High Health-High Performance (HHP) horse

- dispatched from the country of usual residence to a country of temporary residence<sup>1</sup>
- dispatched from a country of temporary residence to another country of temporary residence<sup>1</sup>
- dispatched from a country of temporary residence temporarily to an HHP premises in the country of usual residence<sup>1</sup>
- returning from a country of temporary residence to the country of usual residence<sup>1</sup>

Numbers of attached reference certificates (if applicable): .....

Movement from: ..... Movement to: ..... Ref Cert No: .....  
 Movement from: ..... Movement to: ..... Ref Cert No: .....  
 Movement from: ..... Movement to: ..... Ref Cert No: .....  
 Movement from: ..... Movement to: ..... Ref Cert No: .....

**I. IDENTIFICATION OF THE HORSE**

- I.1. Name: .....
- I.2. Colour: .....
- I.3. Sex: .....
- I.4. Microchip Number: ..... Reading system other than ISO: .....
- I.5. HHP<sup>2</sup> identification number: .....
- I.6. Number of accompanying Passport:.....  
issued by .....  
(insert authority that issued the passport)

<sup>1</sup> Select as appropriate

<sup>2</sup> The number attributed to the High Health-High Performance horse by the Fédération Equestre Internationale or the International Federation of Horseracing Authorities

**II. ORIGIN OF THE HORSE**

II.1. Country of dispatch: .....

II.2. Name and Address of Consignor: .....  
.....

<sup>3</sup>II.3. Address and registration<sup>4</sup> number of the premises of dispatch in the country of usual residence:  
.....  
.....

<sup>3</sup>II.3. Address and registration<sup>5</sup> number of the premises of dispatch in the country of temporary residence:  
.....  
.....

**III. DESTINATION OF THE HORSE**

III.1. Country of destination: .....

III.2. Name and Address of Consignee: .....  
.....

<sup>3</sup>III.3. Address and registration number<sup>5</sup> of the premises of destination in the country of temporary residence:  
.....  
.....

<sup>3</sup>III.3. Address and registration number<sup>4 or 5</sup> of the premises of destination in the country of usual residence:  
.....  
.....

**IV. TRANSPORT INFORMATION**

**Identification of Transport: AEROPLANE (Type of aircraft and flight number)<sup>6</sup> / VEHICLE (Registration number)<sup>6</sup> / SHIP (name or registration number)<sup>6</sup>**  
.....

<sup>3</sup> Select one of the options and delete the option(s) not applicable  
<sup>4</sup> High health subpopulation registered premises of usual residence approved by the veterinary authority and registered on the international database of the Fédération Equestre Internationale or the International Federation of Horseracing Authorities  
<sup>5</sup> High Health-High Performance registration of the premises of temporary residence approved by the veterinary authority and registered on the international database of the Fédération Equestre Internationale or the International Federation of Horseracing Authorities  
<sup>6</sup> Select the appropriate options and delete those not applicable

**V. DECLARATION BY THE CERTIFYING OFFICIAL VETERINARIAN**

I, the undersigned official veterinarian, hereby certify that the horse described above:

- V.1. has been examined today, this being within 48 hours prior to dispatch, and found free of clinical signs of infectious or contagious disease, free of obvious signs of ectoparasitic infestation and fit to travel the intended journey;
- V.2. is a registered HHP horse accompanied by its passport in which all vaccinations related to this certificate are documented;
- V.3. has during the 90 days prior to qualification as an HHP horse and during the period of registration as HHP horse not been used for natural or artificial reproduction and has not been kept on premises where natural or artificial reproduction activities are carried out;
- V.4. since HHP registration has not come into contact with any horse that was not a registered HHP horse and has originated from registered premises<sup>4</sup> and has been resident on HHP registered premises throughout its travel period
- V.5. has not visited premises in the country of dispatch under official restriction for health reasons;
- V.6. to the best of my knowledge for at least 15 days prior to certification has not come into contact with animals showing signs of infectious or contagious disease;
- V.7. comes from the country of dispatch in which the following diseases are compulsorily notifiable: African horse sickness, Venezuelan equine encephalomyelitis, Eastern equine encephalomyelitis, Western equine encephalomyelitis, Japanese encephalitis, Equine infectious anaemia, glanders (*Burkholderia mallei*) and rabies;
- V.8. comes from the country of dispatch, which:

<sup>3</sup>*either* [V.8.1. is officially free of African horse sickness in accordance with the requirements of the OIE;]

<sup>3</sup>*or* [V.8.1. is not officially free of African horse sickness in accordance with the requirements of the OIE, and the horse was not vaccinated within 40 days prior to the introduction into the HHP approved vector protected quarantine station where it was isolated for at least 14 days and has been subjected to a validated PCR test carried out with negative results on samples taken on two occasions on .....<sup>7</sup> and on .....<sup>7</sup>, the first sample been taken immediately prior to or on entry into the quarantine station and the second sample been taken within 48 hrs prior to direct vector protected transport from the quarantine station to the place of dispatch;]

<sup>3</sup>*either* [V.8.2. has been free of Venezuelan equine encephalomyelitis for at least the last two years;]

<sup>3</sup>*or* [V.8.2. has not been free of Venezuelan equine encephalomyelitis for at least the last two years, and the horse was:

<sup>3</sup>*either* [V.8.2.1. vaccinated with a registered inactivated vaccine against Venezuelan equine encephalomyelitis in accordance with the manufacturer's instructions at least 60 days prior to dispatch;]]

<sup>3</sup>*or* [V.8.2.1. during the three weeks prior to dispatch kept under vector protection at all times and was subjected to a haemagglutination inhibition test for Venezuelan equine encephalomyelitis carried out on .....<sup>7</sup> on paired samples taken on .....<sup>7</sup> and on .....<sup>7</sup>, at least 14 days apart, with either negative results or a stable or declining titre, the second sample been taken within 7 days of direct vector protected transport to the place of dispatch;]]

And appropriate vector protection is applied during transportation

<sup>3</sup>*either* [V.8.3. is the country of usual residence and is free of glanders for at least 3 years, and the horse was subjected to a complement fixation test for glanders carried out with negative result at a serum dilution of 1 in 5 on a sample taken on .....<sup>7</sup> during the 30 days prior to dispatch;]

<sup>3</sup>*or* [V.8.3. is the country of usual residence and is not known to be free of glanders for at least 3 years, and the horse has been permanently resident for at least 3 weeks prior to dispatch on a single establishment free of glanders for at least the past 6 months and has been subjected to a complement fixation test for glanders carried out with negative results at a serum dilution of 1 in 5 on samples taken on two occasions on .....<sup>7</sup> and on .....<sup>7</sup>, at least 21 days apart, the second sample been taken within 10 days of dispatch;]

<sup>3</sup>*or* [V.8.3. is the country of temporary residence, and the horse was kept on HHP premises which have been free from glanders for at least 6 months;]

<sup>3</sup>*either* [V.9. has been subjected to the indirect fluorescent antibody test (IFAT) and the competitive enzyme-linked immunosorbent assay (c-ELISA) for equine piroplasmosis (*Babesia caballi* and *Theileria equi*) carried out with negative results on a sample taken on .....<sup>6</sup> within 14 days of dispatch;]

<sup>3</sup>*or* [V.9. has previously been subjected to the indirect fluorescent antibody test (IFAT) or the competitive enzyme-linked immunosorbent assay (c-ELISA) for equine piroplasmosis (*Babesia caballi* and *Theileria equi*) carried out with positive result and does not show clinical signs of piroplasmosis on the day of examination and has been examined and treated against ticks during the 7 days prior to dispatch;]

V.1.10. has been subjected to an agar gel immunodiffusion test for Equine infectious anaemia carried out with negative result on a sample taken on .....<sup>7</sup> within 120 days of dispatch;

V.1.11. has been vaccinated against equine influenza within 21 to 90 days of dispatch with either two consecutive inoculations with the same vaccine given 21 to 42 days apart on .....<sup>7</sup> and on .....<sup>7</sup> or with a booster given on .....<sup>7</sup> at least on an annual basis after a primary course;

V.1.12. was found free of external parasites following a systematic and thorough examination in particular of ears, false nostrils, intermandibular space, mane, lower body areas, including axillae, groin, and the perineum and tail, and was treated within 48 hours of dispatch with a broad spectrum parasiticide licenced or registered for use on horses according to the manufacturer's recommendations.

## VI. TRANSPORT CONDITIONS

After due enquiry and to the best of my knowledge the transport of the horse has been arranged to ensure that:

VI.1. the horse is consigned directly from the premises of dispatch to the premises of destination;

VI.2. during transport to destination the horse will not come into contact with horses that have no current HHP registration or are not accompanied by the required veterinary health certificate;

VI.3. the horse will be transported in vehicles cleansed and disinfected in advance with a disinfectant approved in the country of dispatch and designed to prevent the escape of droppings, litter or fodder during transportation;

VI.4. during transport to destination the health and welfare of the horse will be protected effectively.

**VII. AUTHENTICATION OF CERTIFICATE**

This certificate is valid for 10 days from the date of signature.

The Declaration signed by the owner or person responsible for the horse is part of this certificate.

Name in capitals of official veterinarian: .....

Position: .....

Office address: .....

.....

Telephone: ..... Fax: .....

Email address: .....

Signature:

Date: .....

Place: .....

Official Stamp:

**VIII. DECLARATION TO BE SIGNED BY THE OWNER OR DESIGNATED PERSON RESPONSIBLE FOR THE HORSE**

I, the undersigned, .....(insert name in capitals) declare:

1. The horse described in this Veterinary Certificate, will be outside its country of usual residence for not more than 90 days.
2. Since the current registration as HHP horse, the horse has not been in direct contact with horses which had not a current HHP registration.

3. The horse has

resided in ..... (country of usual residence) since.....<sup>6</sup>

entered ..... (country of temporary residence) ON .....<sup>6</sup>

4. During its temporary stay in the country of dispatch the horse has been kept only in the following premises that have a current HHP registration and are under supervision of the Competent Veterinary Authority of that country:

Address of premises	HHP Registration number	Date of entry	Date of exit

5. The horse will be sent directly from the premises of dispatch to the premises of destination under conditions that ensure it will not come into contact with horses other than those that have current HHP registration, accompanied by the required veterinary health certificate, in a vehicle that was cleansed and disinfected in advance with a disinfectant approved in the country of dispatch.

Date: ..... Place: .....

Signature:

<sup>6</sup> Insert date