



DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS

EXPORT OF SHEEP FOR BREEDING / PRODUCTION TO THE ISLE OF MAN

VETERINARY EXPORT HEALTH CERTIFICATE

HEALTH CERTIFICATE No

**I. Identification of Animals**

Total number of sheep (to be written in words)

Identification marks	Breed	Sex	Age/date of birth

**II. Origin of Animals**

(a) Name and address of consignor:

(b) Address of premises of origin (if different from II (a)):

**III. Destination of Animals**

(a) Name and address of consignee:

(b) Address of premises of destination (if different from III (a)):

**IV. Health information:**

I, the undersigned, certify that the sheep described in the schedule and transported in vehicle registration number meet the following requirements:-

1. They have been examined by me within 24 hours prior to export to the Isle of Man and they:

- (a) are identified correctly and in accordance with the Owners Declaration.
- (b) showed no evidence of infectious or contagious disease including ectoparasites and were fit to travel;
- (c) are not animals which are to be destroyed under a national contagious or infectious disease eradication programme; and
- (d) do not originate from premises under restriction on animal health grounds.

2. The owner/exporter has signed a declaration stating that:

- (i) The animals have been resident on the holding of origin in Northern Ireland for at least the last 30 days or since birth, and no further animals have been introduced in the last 6 days unless they have been isolated from the rest of the flock in officially approved isolation premises.
- (ii) The sheep to be exported will be moved from the premises of origin to the Isle of Man in vehicles which prior to commencement of loading of the consignment have been thoroughly cleansed and disinfected with an approved disinfectant.
- (iii) The animals will be kept separate from animals not similarly certified until their arrival at point of destination in the Isle of Man.

3. The flock from which the sheep are to be exported is/is not\* a member of the DAERA Scrapie Monitored Flock Scheme. In addition the flock has not had a case of scrapie confirmed within the last 3 years.

4. Caseous Lymphadenitis has not been recorded on the holding of origin during the previous 12 months.

5. **EITHER**

- (i) The flock from which the sheep are to be exported is officially recognised as being Maedi Visna free.

**OR**

- (ii) The said animals have been retained in a DAERA approved isolation premises for a period of at least 180 days and during that time have undergone two blood tests at least six months and not more than eight months apart which were submitted to the AGID test for Maedi-visna/Caprine Arthritis-Encephalitis with negative result. The second sample has been taken within 14 days of the export date.

**OR**

- (iii) The said animals have been retained in a DAERA approved isolation premises immediately prior to export and during the period of isolation have had a blood sample taken which has been submitted to the AGID test for Maedi-visna/Caprine Arthritis-Encephalitis with negative result.

6. With regard to Bluetongue Disease:

- (i) All exported animals have been vaccinated against Bluetongue serotype 3 with approved vaccines administered in accordance with manufacturer's instructions no sooner than 12 months prior to date of export and the course completed no later than 21 days before the date of export

Bluetongue Serotype 3 vaccine:

Vaccination Date (s): .....

Product: .....

Batch number (s): .....

(ii) **AND**, all exported animals have been tested for Bluetongue, using RT-PCR testing at an approved laboratory within 10 days of the export with negative results (test results attached);

**v.** This certificate is valid for 5 days.

\* Delete as applicable

Certified at: \_\_\_\_\_ on (date)

Signed \_\_\_\_\_ MRCVS

Authorised Veterinary Practitioner of the Department of Agriculture Environment and Rural Affairs

Name: \_\_\_\_\_  
(BLOCK CAPITALS)

Address

aPVP Stamp

**SCHEDULE**

**SHEEP FOR BREEDING AND PRODUCTION**

Individual Identification No	Breed	Sex	Age/Date of Birth
(Delete any space after the last entry)			

This is page no. \_\_\_\_\_ of a (no.) \_\_\_\_\_ page schedule provided in respect of the GB10 (IOM) (08/2009) Export Health Certificate serial no.

Signed \_\_\_\_\_  
Authorised Veterinary Practitioner

MRCVS

Name \_\_\_\_\_  
(BLOCK CAPITALS)

Date: \_\_\_\_\_ aPVP Stamp

Ref: 0024 EHC NI