

HEALTH CERTIFICATE

VENDOR'S NAME	LOT NO	NAME / DESCRIPTION

The above animals have been kept at..... (insert name of premises) and these premises are regularly attended by this Practice. These premises are not subject to any notifiable disease restrictions and to the best of my knowledge no cases of infectious or contagious disease have been reported to the Practice during the 14 days prior to this declaration.

The above animal has not to my knowledge been in contact with equidae showing clinical signs of African horse sickness, Dourine, Glanders Equine encephalomyelitis, Equine infectious anaemia, Vesicular stomatitis, Rabies, Anthrax Borna disease, Contagious equine metritis, Equine viral arteritis, Epizootic lymphangitis, Hendra virus infection or Surra during the 14 days prior to this declaration.

Practice Stamp

**Signature of registered
Veterinary Surgeon**

.....

Name in Block Capitals

.....

Date