

**CERTIFICATION FOR THE EXPORT OF STALLIONS OVER 731 DAYS TO THE USA**

**HEALTH CERTIFICATE  
HORSES OFFERED FOR SHIPMENT TO THE UNITED STATES OF AMERICA**

Certificate of a salaried Veterinary officer of the National Government of the country of origin to accompany horses to the United States, as prescribed by Title 9 CFR Part 92.17 of the Animal and Plant Health Inspection Service, Veterinary Service, United States Department of Agriculture.

Place . . . . ., Date . . . . .

I hereby certify, that the following horse for shipment to the United States by .....  
.....  
.....  
(Name and Address of Exporter)

from the port of .....  
consigned to .....  
.....  
(Name and Address of Consignee in the United States)

1. Has been in ..... during the past sixty (60) days preceding export to the United States.  
(Name of Country)
  
2. Has been inspected on the premises of origin and found free from evidence of communicable disease and, insofar as can be determined, exposure thereto during the 60 days preceding exportation to the United States.
  
3. Has not been vaccinated with a live or attenuated or inactivated vaccine during the 14 days preceding exportation to the United States
  
4. Has insofar as can be determined, not been on a premises where African Horse Sickness, Vesicular Stomatitis, Dourine, Glanders, Surra, Epizootic Lymphagitis, Ulcervative Lymphagitis, Equine Piropalmsosis, Venezuelan Equine Encephalomyelitis, Equine Infectious Anemia or Contagious Equine Metritis (CEM) has occurance during the 60 days preceding export to the United States, nor have these diseases occured on any adjoining premises during this same period of time.
  
5. On \_\_\_\_\_ (date), within 30 days of export, one set of cultures were taken from the prepuce, urethral sinus and fossa glandis, including the diverticulum of the fossa glandis of the stallion. These cultures were received by an approved Laboratory (ID-DLO, Lelystad / or other \_\_\_\_\_ (name of Laboratory)) no more than 48 hours after taken and cultured with negative results.

This also certifies that the stallion from the time cultures were taken through the date of export to the United States:

- A. Has not been used for natural breeding.
  
- B. Has not been on any premises at any time during which such premises was officially found to be affected with CEM;
  
- C. Has not had contact with equine that have been found to be affected with CEM.

6. A. Stallion has never cultured positive for CEM organism or;

B. Stallion was cultured positive on \_\_\_\_\_ (date), treated using \_\_\_\_\_ protocol and has been cultured negative on \_\_\_\_\_ (date - no less than 21 days after treatment).

(Delete 6. A. or 6.B.)

7. The horse has been examined and found to be clinically free of ectoparasites

**SCHEDULE**

NAME	COLOR	SEX	AGE	BREED

**DISTINCTIVE MARKINGS**

.....  
.....

Signed .....

(Address)

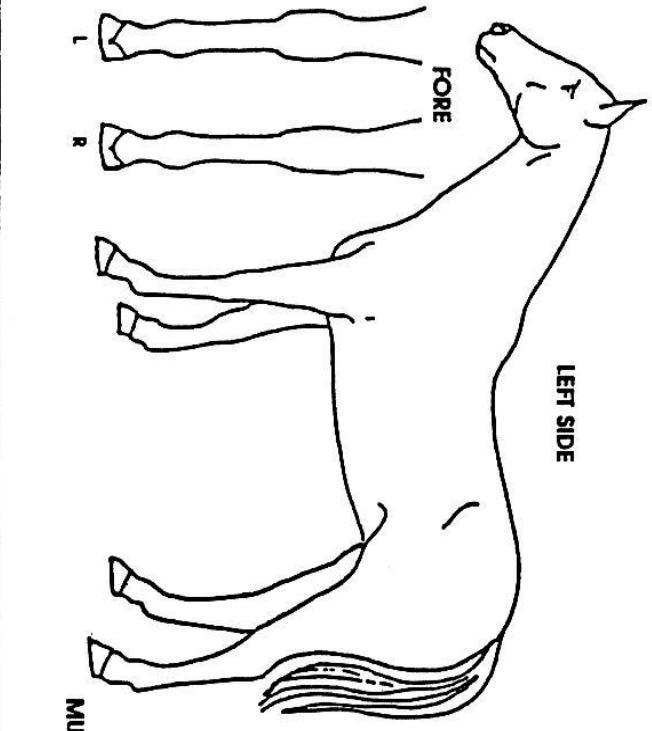
(official Title)

Title of certifying officer must be shown in sufficient detail to show actual official connection with the National Government of the country of origin.

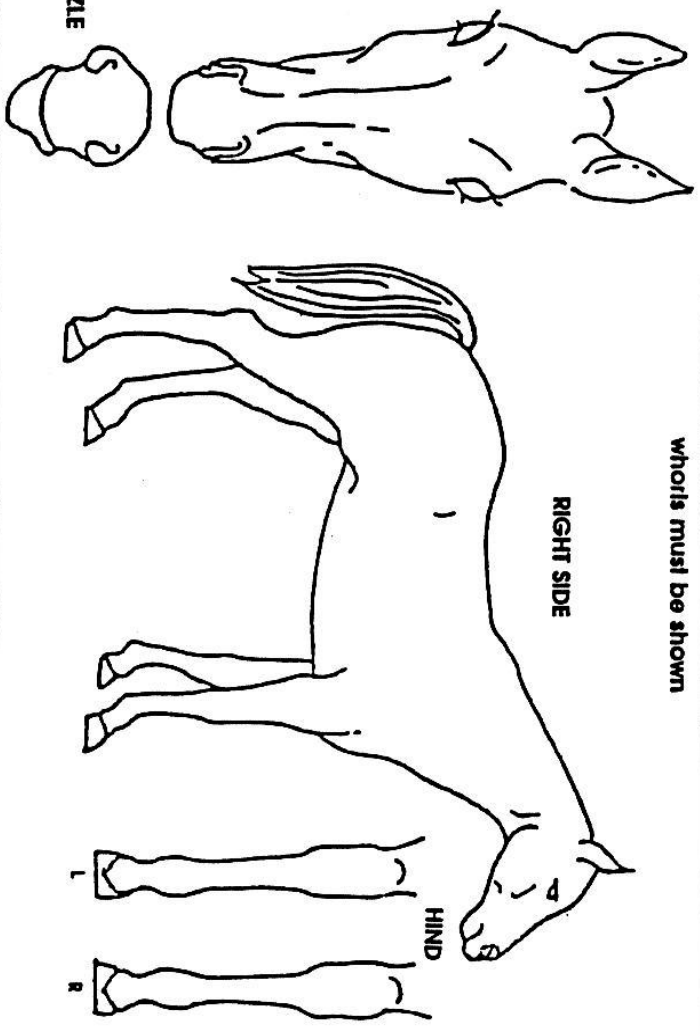
A completed markings diagram must be attached adequately identifying the animal. Whorls should be indicated (in red).

**INSTRUCTIONS FOR DIAGRAM:** Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated on arrow ( → )  
 Scars or blazes on the face and any other markings to be drawn in on the diagram showing position and shape as accurately as possible. Whorls should be marked with an "X". If no markings, this fact should be stated.

show white markings in red



whorls must be shown



**WRITTEN DESCRIPTION** (Be sure that diagram and written description agree)

COLOR	YEAR OF BIRTH	SEX	BREED	NAME

HEAD

LEFT FRONT
RIGHT FRONT
LEFT HIND
RIGHT HIND

LEGS

ACQUIRED MARKS (Scars, Tattoos, etc.)

REMARKS

SIGNATURE \_\_\_\_\_

STAMP/SEAL