Inspection Agency

REFERENCE NUMBER	

APPENDIX B

ADDITIONAL CERTIFICATION FOR HORSES THAT HAVE RESIDED IN CANADA DURING THE 60 DAYS BEFORE EXPORT FROM ANOTHER APPROVED COUNTRY TO AUSTRALIA

NA	ME C	OF HORSE:	IDENTIFICATION:	!
BR	EED:		SEX:	AGE:
I,_ for	the h	orse identified above:	(insert name), an Official Veterinarian* of (Canada hereby certify that
per and	form (i, whe	certain official tasks associa en appropriate, to certify in o	rinarian authorised by the Veterinary Authority of ated with animal health and/or public health, and conformity with the provisions of Chapters 5.1 an) Terrestrial Animal Health Code.	inspection of commodities
1.	(dai	tes), which is during the sixt	ntinuously resident fromto y (60) days immediately before export to Austral uarantine restrictions while in Canada where:	
	a.	No clinical, epidemiologica and the disease is compul	al or other evidence of glanders occurred during lsorily notifiable.	the previous three (3) years
	b.		al or other evidence of African horse sickness, do d during the previous two (2) years and the dise	
	c.	(2) years and the disease OR	cal or other evidence of vesicular stomatitis occur is compulsorily notifiable. cal or other evidence of vesicular stomatitis occur	
		the previous ninety (90) da is compulsorily notifiable	ays before export at the premises of residence lis	ted below and the disease
	d.	*No clinical, epidemiologic occurred during the previo OR	cal or other evidence of Eastern or Western equi ous two (2) years.	e encephalomyelitis
		*No clinical, epidemiologic	cal or other evidence of Eastern or Western equinor residence listed above during the previous nin	e encephalomyelitis ety (90) days
		*As declared by the owner export, the horse was vacaregistered vaccine.	r or the agent below at point 2. e., during the twe cinated against Eastern and Western equine end	ve (12) months before ephalomyelitis using a
	e.	*No clinical, epidemiologic twelve (12) months. OR	al or other evidence of Japanese encephalitis or	curred during the previous
		*As declared by the owner horse was vaccinated aga	r or the agency at point 2. f., during the twelve (1 inst Japanese encephalitis using a registered va	2) months before export the ccine.
	f.	*No clinical, epidemiologic Chrysomya bezziana) myi OR	al or other evidence of screw-worm-fly (Cochlion asis occurred during the previous twelve (12) mo	nyia hominivorax or onths.
		Chrysomya bezziana) myi	al or other evidence of screw-worm-fly (Cochlion asis occurred in any species during the previous residence listed below by the owner or the agent	ninety (90) days before
	g.	*No clinical, epidemiologic during the previous twelve	al or other evidence of surra (<i>Trypansoma evan</i> a)	si) occurred (in any species)

*No clinical, epidemiological or other evidence of surra occurred in equids during the previous twelve

¹ Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong Special Administrative Region, Japan, Italy, Luxembourg, Macau, the Netherlands, New Caledonia, New Zealand, Portugal, Republic of Iceland, Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.



(12) months before export.

OR

OR

^{*}No clinical, epidemiological or other evidence of surra occurred on the premises of residence listed below by the owner or the agent at point 2 during the previous twelve (12) months before export.

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- h. No clinical, epidemiological or other evidence of rabies occurred on the premises of residence listed below at point 2 during the previous twelve (12) months before export.
- No clinical, epidemiological or other evidence of Borna disease occurred on the premises of residence listed below at point 2 during the previous ninety (90) days before export.
- j. No clinical, epidemiological or other evidence of contagious equine metritis, epizootic lymphangitis, equine infectious anaemia, equine piroplasmosis or Lyme disease occurred on the premises of residence listed below at point 2 during the previous sixty (60) days before export.
- k. No clinical, epidemiological or other evidence of anthrax, equid herpesvirus-1 (abortigenic and neurological strains), equine influenza or equine viral arteritis occurred on premises of residence listed below at point 2 during the previous thirty (30) days before export.

*Cross out and initial the option that does not apply.

Official Veterinarian:	Official Stamp:
Name:	 SHEDEN FOOD INSPECTION AGE TO SHED SHED SHED SHED SHED SHED SHED SHED
Official position:	
Address:	SAMARLE
	C. Com
Signature:	Principle of the princi
Date (D/M/Y):	

¹ Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong Special Administrative Region, Japan, Italy, Luxembourg, Macau, the Netherlands, New Caledonia, New Zealand, Portugal, Republic of Iceland, Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.



D	EE	EE	EN	ICE	NUM	DED
Γ					MOIN	DER

DECLARATION BY THE OWNER OR THE AGENT RESPONSIBLE FOR THE HORSE SHIPMENT

NA	ME	ME OF HORSE:	IDENTIFICATION:				
BR	EED	EED: SEX:_		AGE:			
I,	ove d	ve declare that:	presentative of the ow	vner of the horse listed			
2.	The	The horse was continuously resident from which is during the sixty (60) days immediately before expo	rt to Australia, in Can	ada at: (dates),			
	— а.	a. For all horses (excluding donkeys and mules), excluding	eaned foals under six (6)				
months of age:							
		The horse has not been mated to, or inseminated with mating or semen collection, known to be infected with	semen from, a horse Taylorella equigenita	e that was, at the time of lis.			
		Note: if a horse does not meet this requirement, or has equigenitalis, it may be permitted entry subject to an acconsidered appropriate by the Director of Biosecurity (pproved method of tr	nfected with <i>T.</i> eatment and testing			
	b.	ts active against mencement of pre-export					
	C.	c. The horse has not tested positive in any test for equine twelve (12) months before commencement of pre-expo	piroplasmosis (<i>B. ca</i> ort quarantine for exp	aballi or <i>T. equi</i>) for at least ort to Australia.			
	d.	d. The horse has not been vaccinated against African hor encephalomyelitis during the sixty (60) days before exp	rse sickness or Vene port to Australia.	zuelan equine			
	e.	e. * (For US and Canada only, if no premises freedom de before export, the horse was vaccinated against Easte a registered vaccine.	clared at 1.d) During rn and Western equi	the twelve (12) months ne encephalomyelitis using			
	f.	f. *(For Japan, Hong Kong Special Administrative Region before export the horse was vaccinated against Japane	n <i>and Singapore)</i> Dur ese encephalitis usin	ring the twelve (12) months g a registered vaccine.			
	* C	* Can be struck through if not applicable					
		Name:					
Sig	natur	nature:					
Dat	e (D/	e (D/M/Y):					
+++	+++-	+++++++++++++++++++++++++++++++++++++++	++++++++++				
		nfirm that this declaration is signed by the owner/broker/agen	CONSTRUCTOR COMPANY NAMED AND PARTY OF THE	horse shinment			
		A official veterinarian:					
	and a ment as						
	Date (D/M/Y):						
	- (5)	- <u>\</u>	S	AMPLE			

DENNE D'INSPECTION ¹ Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong Special Administrative Region, Japan, Italy, Luxembourg, Macau, the Netherlands, New Caledonia, New Zealand, Portugal, Republic of Iceland, Republic of Ireland, Singapore, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.





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