

APPENDIX B ADDITIONAL CERTIFICATE FOR HORSES THAT HAVE RESIDED IN SWEDEN DURING THE 60 DAYS BEFORE EXPORT FROM AN APPROVED COUNTRY TO AUSTRALIA

I.1. The horse will be exported to Australia from (state approved country):		I.2. Certificate reference number		
		I.3. Veterinary Authority		
		Swedish Board of Agriculture	2	
Approved countries are: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong, Japan, Italy, Luxembourg, Macau, the Netherlands, New Zealand, Portugal,		Gwedish Board of Agriculture		
Republic of	celand, Republic of Ireland, Singapore, Spain,			
Sweden, Switzerland, the United Arab Emirates, the United Kingdom and the United States.				
I.4. Name of horse				
I.5. Horse passport number		I.6. Horse microchip number		
I.7. Breed		I.8. Sex	I.9. Age	
I.10 Health information				
I,	(insert	name), an Official Veterinarian [#] c	of Sweden, hereby certify that:	
#Official Va	terinarian means a veterinarian authorised by t	the Veterinary Authority of the an	arayad aguntry to parform	
certain offic	cial tasks associated with animal health and/or	nublic health, and inspections of	commodities and when	
	e, to certify in conformity with the provisions of C			
	E) Terrestrial Animal Health Code.	•	-	
1. The hors	se was continuously resident from	to	(dates) in Sweden.	
2. During the period noted in point 1 (which is during the 60 days immediately before export to Australia), while in Sweden:				
a.	The horse was continuously resident and free	of quarantine restriction in Swede	en where no clinical	
u.	epidemiological or other evidence of glanders			
	compulsorily notifiable.			
b.	The horse was continuously resident and free			
	epidemiological or other evidence of African ho occurred during the previous two years and the			
	horse was not vaccinated against African hors			
	60 days before export to Australia.			
C.	The horse was continuously resident and free			
	epidemiological or other evidence of Eastern occurred during the previous two years.	or vvestern equine encephalomye	litis, or vesicular stomatitis	
	occurred during the previous two years.			
d.	The horse was continuously resident and free	of quarantine restriction in Swede	en where no clinical,	
	epidemiological or other evidence of Japanese			
	Chrysomya bezziana) myiasis or surra (Trypar	nsoma evansi) occurred during th	e previous 12 months.	
0	After due inquiry, the horse did not reside on a	any promises in Sweden where el	inical enidemiological or other	
e.	evidence of rabies occurred during the previous		irlical, epiderfilological of other	
	The provide a second during the provide			
f.				
	occurred during the previous 90 days.			
Officia	ıl veterinarian		Stamp	
Signatura				
Signature				

COUNTRY: SWEDEN					
I.10. Health information		II.a. Certificate reference number			
g.	g. After due inquiry, the horse did not reside on any premises in Sweden where clinical, epidemiological or other evidence of contagious equine metritis, epizootic lymphangitis, equine infectious anaemia, equine piroplasmosis or Lyme disease occurred during the previous 60 days.				
h.	After due inquiry, the horse did not reside on any premises in Sweden where clinical, epidemiological or other evidence of anthrax, equid herpesvirus-1 (abortigenic and neurological strains), equine influenza or equine viral arteritis occurred during the previous 30 days.				
i.	For all horses (excluding donkeys and mules) excluding geldings and unweaned foals under six months of age: So far as can be determined, the horse was never mated to, or inseminated with semen from, a horse that was, at the time of mating or semen collection, known to be infected with Taylorella equigenitalis.				
		nt, or was known to be infected with T. equigenitalis, it may be d of treatment and testing considered appropriate by the).			
j.	After due inquiry, while in Sweden, the horse was not treated with imidocarb, or other anti-babesial agents active against Babesia caballi or Theilaria equi, during the 12 months before commencement of pre-export quarantine for export to Australia.				
k.		was not positive in any test for equine piroplasmosis (B. caballi or neement of pre-export quarantine for export to Australia.			
Official veterinarian:					
Name and address (in capital letters):		Official position:			
Date:		Signature:			

Stamp: