**Request for a Veterinary Health Certificate for Exporting or Re-Exporting Horses**

THIS APPL ICATION MUST BE SUBMITTED TO THE DIRECTOR, ANIMAL WEALTH DEPA RTMENT, MINISTRY OF CLIMATE CHANGE & ENVIRONMENT AT LEAST 7 WORKING DAYS BEFORE THE PROPOSED IMPORTATION DATE. FAX: **971 4 3361579**

***Plea se fill all detail s: - (if any de tail not filled, the form will not be considered)***

**1. OWNER/ AGENT DETAILS: (to whom the invoice will be sent)**

NA ME A ND ADDRESS OF CONSIGNOR IN U.A.E:

P. O. BOX: CITY:

CONTACT TELEPHONE: FA X:

**2. ORIGIN, DEST INAT ION & MODE:**

ST ABLE FROM WHICH HORSES ARE TO BE EXPORT ED:

DESTINATION OF HORSES (STABLE ADDRESS IN IMPORTING COUNT RY):

**MODE OF EXPORTAT ION:**

1. PERMA NENT

 The equine(s) will be asked d to fully meet the UA E permanent import conditions to be re -imported

2. TEMPORA RY (less than 30 days)

 Note that the e quine(s) will be kept in the quarantine until re-imported.

 Temporary export for breeding is not permitted.

Reason for import (competition, Show or medication)?

What is the likely date of re-entry?

**3. TRANSPORTAT ION:**

PROPOSED DATE OF EXPORTATION

ROUTE (Including all countries in which the aircraft lands/ the vehicle crosses)

**AIR SHIPPING: (**FLIGHT DETAILS)

A IRPORT OF DEPA RTURE FLIGHT NO

TIME OF DEPA RTURE (LOCA L)

*Air transportation: Should be as per IATA standards and equines should be accompanied by a professional groom.*

**ROAD TRANSPORT:** POINT OF EXPORT

TIME OF LOADING (LOCA L)

Road transportation: the horse box should be designed in a way that the equines will be facing forward &

backward and there should be enough space for a person to check and feed the horses when required

During the period from 1st May – 1st November equines should be transported in an air-conditioned box.

**4. Residence details:**

a. WHAT STABLE HAS THE HORSE(S) BEEN RESIDENT IN FOR THE LAST 40 DAY S?

b. WHO IS T HE SUPERVISING VET ERINARIAN\*?

**Certificate of Veterinary Supervision**

I (Name in block capitals) hereby certify that the above

mentioned stables were under my supervis ion from

 (Date of export)

(Start date) (1) Until

During this time I visited the stables at least once every 7 days and inspected all the Equidae that were in the stables during my visits and am satisfied that there were no clinical s igns of infectious or contagious disease in any of the animals, during this period.

Signed:

Qualif ications:

Date:

Stamp

Contact Tel. No:

Fax: No.

(1) Note: start date must be at least 40 days earlier than the proposed date of export.

NOTE: It is the Exporters responsibilit y to ensure t hat all required export test s are carried out . Samples must be collect ed by an Approved Veterinary Surge on and submitted on the correct , fully completed, Laboratory forms, signed by t he submitt ing Vet . Det ails may be obt ained from t he Import /Export office.

APPLICANT SIGNATURE: DA TE:

PRINT NA ME:

**ATTACHMENTS:**

1. Passport copy (copies) of the horse(s):

 Description page

 silhouette page

 Vaccinations page(s)

2. The lab test results

3. The receipt of the Ministry of Environment & Water fee payment

4. A copy of the import/ transit permit from the country of destination/ transit (if required)

5. In case of temporary import a confirmation from the importing country tha t the horses will be kept under quarantine until re-export.

**NAMES AND DESCRIPTION OF THE HORSES**

**NO NA ME OF HORSE BREED A GE COLOUR SEX VA CCINA TIO N DA TE\* CURRE NT**

**A HS VA C**

**FLU VA C (1)**

**FLU VA C (2)**

**FLU VA C BOOSTER**

**LOCA TIO**

**EQUINE INFLUENZA VACCINATION**

(\*) ENTER DATES OF FIRST AND SECOND DOSES OF THE PRIMARY VACC INATION AGAINST EQUINE INFLUENZA, (primary vaccination should consist of 2 doses of the same vaccine type given

21-42 days apart ).

If horses have not been fully vaccinated at the time of application intended dates of vaccination should be entered and a co nfirmation of vaccination should be sent later.