REFERENCE NUMBER:
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## VETERINARY HEALTH CERTIFICATE EXPORT HORSES TO JORDAN

## **SECTION I - IDENTIFICATION OF THE ANIMAL**

lame _	
reed _	Age
ex	Coat Colour
E.F. Pa	assport
	LEFT SIDE  RIGHT SIDE  HIND
ISTIN	CTIVE MARKS
ead	
imbs	
F F	
Н	
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ody	
CQUIF	TIONS: Please ensure that the diagram and written description agree. White markings to be shown in red. Whorls to be marked
	as (x). Scars to be marked and indicated with an arrow (->). If no markings, mark this as (0).  N II - ORIGIN AND DESTINATION OF THE ANIMAL  f Exporter:  s:
	f Consignee:
uures	s:

## **SECTION III - HEALTH INFORMATION**

I, the undersigned Official Veterinarian duly authorized by the Government of Canada, certify that the animal described above meets the following conditions:

- 1. Canada is free from African Horse sickness, dourine, glanders, piroplasmosis, vesicular stomatitis, contagious equine metritis and Venezuelan equine encephalomyelitis.
- 2. During the twenty-one (21) days prior to shipment, the animal was tested with negative results in Canadian Food Inspection Agency (CFIA) laboratories for the following diseases:



	*	Government of Canada	Gouvernement du Canada	REFERENCE N	REFERENCE NUMBER:			
		Canadian Food Inspection Agency	Agence canadienne d'inspection des aliments					
					Date of test			
	i) Equine Infectious Anemia, using AGID (Coggins) test:			Coggins) test:				
	ii)	•	Arteritis, using seroneutralis ted horse only)	ation (SN) test negative at 1:4 dilution:				
3.	The	The animal was vaccinated against equine influenza.						
4.		The animal was vaccinated against Western and Eastern equine encephalomyelitis (WEE and EEE) using an nactivated vaccine, within six (6) months and at least thirty (30) days prior to shipment.						
5.		The animal was vaccinated against West Nile Fever using an inactivated vaccine, twice with a twenty-one (21) to forty-two (42) days interval, the second vaccination being done at least thirty (30) days prior to shipment.						
6.	The animal was examined before shipment and show no clinical signs of diseases.							
Th	is ce	rtificate is valid	l until:					
	1 -		<u></u>	Official Make dispersion				
Date				Official Veterinarian Canadian Food Inspection Agen	cv			
					- J			

Government of Canada

Name of Official Veterinarian (in block letters)

Official Export Stamp