VETERINARY HEALTH CERTIFICATE

TEMPORARY EXPORT OF HORSES TO MALAYSIA

IMPORT PERMIT NUMBER (Issued by Malaysia DVS Go	overnment):
IMPORT PERMIT ISSUED ON:	
ORIGIN OF HORSE	
COUNTRY OF EXPORT	CANADA
NAME AND ADDRESS OF CONSIGNOR	
NAME AND ADDRESS OF CONSIGNEE	
II IDENTIFICATION OF HORSE (A valid equine pa certificate.)	ssport or identification document shall accompany this
BREED	
NAME	
COLOUR	
SEX	
AGE	
PASSPORT NO.:	ISSUED BY:
III MODE OF TRANSPORT	
MEANS OF TRANSPORT	AIR / ROAD / SHIP
ANTICIPATED DATE AND TIME OF DEPARTURE FROM CANADA	
ANTICIPATED DATE AND TIME OF ARRIVAL IN	

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IV	VETERINARY HEALTH CERTIFICATION		
(a)			
	certify that,		
All sec	tions must be complete	ed by inserting a tick (✓) in the applicable box:	
(i)	African horse sickness	The country has been free from African Horse Sickness for the last 6 months prior to export	
		OR	
		The horse was tested negative by serum neutralization test at a dilution of 1:32, within 30 days of export	
		OR	
		The horse was vaccinated with an inactivated vaccine within six (6) months but not less than 14 days prior to export	
(ii)	Venezuelan Equine Encephalomyelitis	The country has been free from Venezuelan Equine Encephalomyelitis for the last 6 months prior to export	
		OR	
		The horse was tested negative by serum neutralization test at a dilution of 1:32, within 30 days of export	
		OR	
		The horse was vaccinated with an inactivated vaccine within 6 months but not less than 14 days prior to export	
(iii)	Eastern Equine Encephalomyelitis	The country has been free from Eastern Equine Encephalomyelitis for the last 6 months prior to export	
		OR	
		The horse was tested negative by serum neutralization test at a dilution of 1:32, within 30 days of export	
		OR	
		The horse was vaccinated with an inactivated vaccine within 6 months but not less than 14 days prior to export	
(iv)	Western Equine	The country has been free from Western Equine Encephalomyelitis for the last 6 months	
	Encephalomyelitis	prior to export	
		OR The heree was tested negative by sorum neutralization test at a dilution of 1:22, within 20.	
		The horse was tested negative by serum neutralization test at a dilution of 1:32, within 30 days of export	
		OR	
		The horse was vaccinated with an inactivated vaccine within 6 months but not less than 14 days prior to export	
(v)	Vesicular stomatitis	The country has been free from Vesicular Stomatitis for the last 6 months prior to export	
		OR	
		The horse was tested negative by serum neutralization test at a dilution of 1:32, within 30 days of export	
		OR	
		The horse was vaccinated with an inactivated vaccine within 6 months but not less than 14 days prior to export	

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(vi)	Glanders	The country has been free from Glanders for the last 2 years prior to export	
		OR	
		The horse was tested negative by CFT or ELISA on, within 15 days of export	
		OR	
		The horse was tested negative by Mallein Test on, within 15 days prior to export	
vii	Surra	The country has been free from Surra for at least 12 months prior to export	
		OR	
		The horse was tested negative by Haematocrit Centrifugation Test on, within 30 days of export	
viii	Dourine	The country has been free from Dourine for at least 12 months prior to export	
		OR	
		The horse was tested negative by Complement Fixation Test on, within 15 days of export	
ix	Equine Infectious Anemia	The country has been free from Equine Infectious Anemia for at least 12 months prior to export	
		OR	
		The horse was tested negative by Coggins Test on, within 30 days of export	
x	Equine Viral Arteritis	The country has been free from Equine Viral Arteritis for the last 12 months prior to export	
		OR	
		The horse was tested negative by Serum Neutralization Test at a dilution of 1:4	
		OR	
		Tested twice at 14 days interval by Serum Neutralization test on and with no significant rise in titre within 30 days of export	
xi	Equine Piroplasmosis	The country has been free from Equine Piroplasmosis for the last 12 months	
		OR	
		The horse was tested by Flourescent Antibody Test with negative results within 30 days prior to export	
		OR	
		The horse is prioplasmosis positive to either T. equi and/or B. caballi and prior written approval for importation has been obtained from DVS and their approval document is attached	
xii	West Nile Virus	The country is free from West Nile Virus infection for the past 12 months prior to export	
	Infection	OR	
		The horse was tested negative by IgM capture ELISA within 15 days prior to export	
		OR	
		The horse has undergone a full vaccination program within the 12 months preceding export with a registered inactivated vaccine in accordance with the manufacturer's directions with the last dose administered not within 14 days of export	
xiii	Hendra Virus Infection	The country has been free from Hendra virus infection in horses for the past 12 months prior to export	
		AND for an Australian horse, The horse was tested negative by ELISA test within 15 days of export	

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(b)	During the 3 months prior to export, the horse has not been exposed to or been in contact with other equidae or been in premises infected with the following diseases: Equine Infectious Anemia, Equine Viral Encephalomyelitis, West Nile Virus, Horse Pox, Scabies, Anthrax, Glanders, Dourine, Surra, Stangles, Epizootic Lymphangitis, Ulcerative Lymphangitis, Equine Rhinopneumonitis, Equine Viral Arteritis, Equine Piroplasmosis, Equine Influenza or any other equine diseases notifiable in the country of export.				
(c)	The tests above carried out	at an accredited laboratory	using OIE prescribed methodologies.		
(d)	The horse was examined and found clinically free from ectoparasite infestation and was treated with an officially approved long lasting and broad spectrum anthelminthic and tickicide within 30 days but not less than 14 days prior to export.				
(e)			a as below in accordance to approved FEI standards. The alitis (exempted for countries certified free from Japanese		
	Name of Vaccine	Purpose	Dates of Vaccination		
	1				
	2				
(f)	I have today examined the travel.	horse and found it clinically f	ree from any infectious or contagious disease and fit to		
	Signature		Official Stamp		
	Name & Address of Official	Veterinarian	Date		

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