



REFERENCE NUMBER: _____

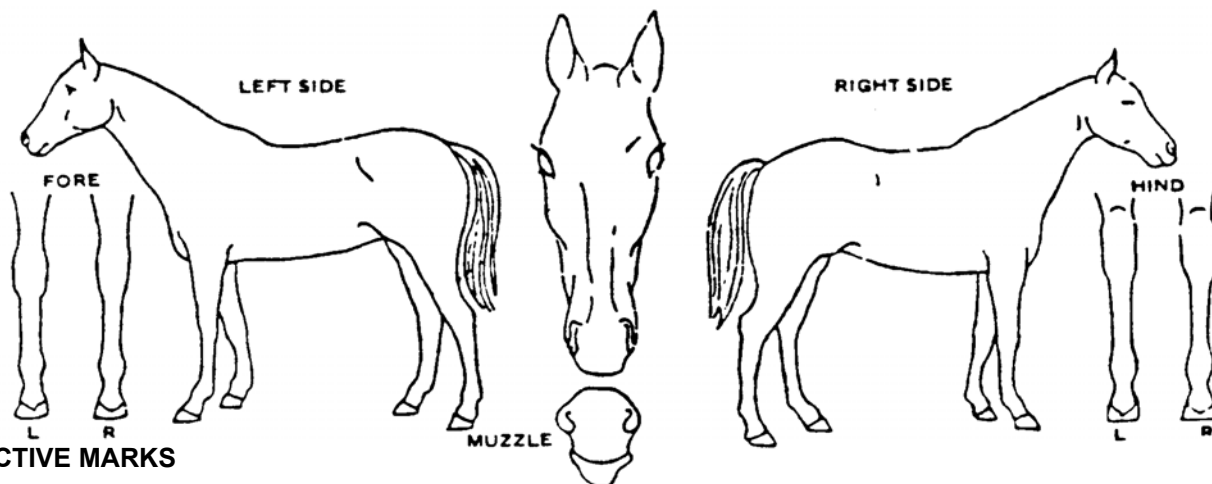
**VETERINARY HEALTH CERTIFICATE
EXPORT OF EQUINE ANIMALS TO HONG KONG FOR TEMPORARY STAY**

EXPORTING COUNTRY: **CANADA**

COMPETENT AUTHORITY: **CANADIAN FOOD INSPECTION AGENCY
GOVERNMENT OF CANADA**

IMPORT PERMIT NUMBER (Issued by Hong Kong SAR Government): _____

SECTION I - ANIMAL IDENTIFICATION



DISTINCTIVE MARKS

Head: _____

Limbs

LF: _____

RF: _____

LH: _____

RH: _____

Body: _____

ACQUIRED MARKS: _____
(Scars, tattoos, freezemarking etc.)

INSTRUCTIONS: 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).

NAME	COLOUR	SEX	AGE	BREED

SECTION II - ORIGIN OF THE HORSE

Name and Address of Exporter: _____

Name and address of owner: _____

Name and address of premises of origin: _____

Address of pre-export isolation premises: _____

Address of premises where the horse was examined ⁽¹⁾: _____

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Initials of the certifying Official Veterinarian

SECTION III - DESTINATION OF THE HORSE

Name of Consignee: _____

Address: _____

Means of transportation: _____

SECTION IV - MOVEMENT INFORMATION OF THE HORSE

I, the undersigned, an official veterinarian duly authorized by the Canadian Food Inspection Agency (CFIA), Government of Canada, hereby certify in respect of the animal described above, that:

1. The country/place of Permanent/Usual Residency⁽⁵⁾ for the horse is: _____.
2. This horse has been temporarily imported into the country/countries/place(s) listed below for racing purposes since leaving its country/place of permanent/usual residency according to the following sequence:

(a) Country/Place ⁽⁶⁾ : _____	Entry Date: _____	Exit Date: _____
(b) Country/Place ⁽⁶⁾ : _____	Entry Date: _____	Exit Date: _____
(c) Country/Place ⁽⁶⁾ : _____	Entry Date: _____	Exit Date: _____
(d) Country/Place ⁽⁶⁾ : _____	Entry Date: _____	Exit Date: _____
(e) Country/Place ⁽⁶⁾ : _____	Entry Date: _____	Exit Date: _____
3. All of the country/countries/place(s) listed in SECTION IV, 1 and 2 are included in the list of Scheduled Countries/places⁽²⁾.
4. I have read, certified as seen and attached to this Horse Information Document, all certification (original certificates or certified copies⁽⁷⁾) issued for this horse on being exported from its country/place of permanent/usual residency and/or from the countries/places listed in SECTION IV, 2⁽⁸⁾.

SECTION V - ISOLATION INFORMATION OF THE HORSE IN THE COUNTRY/COUNTRIES/PLACE(S) OF TEMPORARY RESIDENCY*

1. Based on the certification provided, during the entire period of stay in the country/countries/place(s) listed in SECTION IV, 2 above, the horse has been held in officially approved isolation premises other than during transport between the ports of import and export and the isolation premises, and during training and racing under official supervision⁽⁹⁾.
2. Note 2(a), 2(b), and 2(c) only apply to current country/place of temporary residency.
 - (a) Address of the Isolation Premises in the country/place of temporary residency^(8&9).

 - (b) After due enquiry, it is found that the premises were emptied, thoroughly cleansed and disinfected prior to entry of the horse.
 - (c) The horse has not come into contact with local horses and other horses not of the same health status, other than at the time of races⁽⁸⁾.

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SECTION VI - HEALTH INFORMATION OF THE HORSE

1. I have today examined the horse identified in section I, Animal Identification, of this health certificate and found it free from clinical signs or symptoms of infectious or contagious disease and is fit to travel. ⁽¹⁾
2. After due enquiry during the sixty (60) days immediately preceding export:
 - (a) the horse has not been in any country, territory or part of a territory, other than an officially recognised African horse sickness (AHS) free zone, in which AHS has occurred in the last two years, or in which vaccination against this disease has been practised in the last twelve (12) months⁽¹¹⁾.
 - (b) the horse has not been in any country/place in which Venezuelan equine encephalomyelitis has occurred during the last two (2) years.
 - (c) the horse has not been in any country/place in which glanders has occurred during the last two (2) years.
 - (d) the horse has not been mated, either naturally or by artificial insemination, or been resident on horse breeding premises.
3. After due enquiry,

EITHER

*DURING THE THIRTY (30) DAYS IMMEDIATELY PRECEDING EXPORT FROM THE COUNTRY/PLACE OF PERMANENT/USUAL RESIDENCY,

OR

*DURING THE ENTIRE PERIOD IN THE EXPORTING COUNTRY/PLACE OF TEMPORARY RESIDENCY:

 - (a) the horse was continuously resident on holdings under veterinary supervision in which none of the diseases listed below occurred during that time.
 - (b) the horse did not exhibit any clinical signs of the diseases listed below.

African horse sickness**	equine prioplasmosis	strangles (streptococcus equi)
eastern equine encephalomyelitis**	equine viral arteritis	surra
epizootic lymphangitis	glanders**	Venezuelan equine encephalomyelitis**
equine ehrlichiosis	Hendra virus infection	vesicular stomatitis**
equine herpes virus 1 (paralytic or CNS form) infection	Japanese encephalitis	western equine encephalomyelitis**
equine infectious anaemia**	Nipah virus infection	West Nile/Kunjin virus infection**
equine influenza	St. Louis encephalitis	

The diseases with a double asterisk (**) listed in VI(3)(b) are compulsorily notifiable in the country/place of export.

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SECTION VII - TESTING AND VACCINATION INFORMATION OF THE HORSE^(12&13)

- 1) Based on the certification and laboratory results provided,
- (a) Blood samples have been taken from the horse within fourteen (14) days of export in either its country/place or permanent/usual residency in SECTION IV (1) above or, in any of the countries/places listed in SECTION IV (2).
- (b) The following tests were performed with negative results (unless otherwise stated) in each case⁽¹³⁾. These tests results are valid for ninety (90) days so long as the horse remains in the scheduled countries/places^(2&14).
- (c) No vaccines have been administered to the horse within fourteen (14) days of export to Hong Kong.
- 2) The original or certified copies of all health certificates, laboratory tests and vaccination certificates (unless recorded in the horse's passport) from all countries/places listed in SECTION IV (1) & SECTION IV (2) have been endorsed and attached to this certificate⁽⁷⁾.
- 3) All sections must be completed by inserting a tick ✓ in the appropriate box.

(a)	African horse sickness	<input type="checkbox"/>	<p>The horse has not during the last three (3) months been in any country/place in which African horse sickness has occurred in the last two (2) years or in which vaccination against African horse sickness has been practised in the last twelve (12) months.</p> <p><input type="checkbox"/> If the horse originates from an official African horse sickness free zone of a country/place, territory or part of a territory in which African horse sickness has occurred in the last two (2) years or in which vaccination against African horse sickness has been practised for the last twelve (12) months, an ELISA test carried out on two samples of blood taken with an interval of between twenty-one (21) and thirty (30) days on _____⁽¹⁵⁾, the second of which must be taken within fourteen (14) days of export either with negative reaction if it has not been vaccinated or with no increase in antibody titre if it has been vaccinated</p>
(b)	equine infectious anaemia	<input type="checkbox"/>	<p>The immunodiffusion (Coggins) test on _____⁽¹⁵⁾.</p>
(c)	equine influenza	<input type="checkbox"/>	<p>During the 90 days immediately prior to export from its country/place of permanent or usual residency, but not within fourteen (14) days of export, the horse was administered:</p> <p>A certified primary course of approved vaccinations against equine influenza comprising of at least two (2) doses with an interval of four (4) to six (6) weeks.</p> <p><input type="checkbox"/> OR</p> <p>A certified booster vaccination against equine influenza which was given within twelve (12) months of a certified primary course, or within twelve (12) months of a certified booster vaccination where it, and any other previous booster vaccinations, had been administered annually within a regular twelve (12) month period since the primary course.</p>
(d)	equine piroplasmiasis	<input type="checkbox"/>	<p>No cases of piroplasmiasis has occurred in the last two (2) years in the country/place of export.</p> <p>OR</p> <p><input type="checkbox"/> The indirect fluorescent antibody test (IFAT) on _____⁽¹³⁾ for <i>Theileria equi</i> and <i>Babesia caballi</i>.</p> <p>OR</p> <p><input type="checkbox"/> The horse is piroplasmiasis positive to either <i>T. equi</i> and/or <i>B. caballi</i> and prior written approval for importation has been obtained from the Hong Kong SAR Government and their approval documentation is attached.</p>

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(e)	West Nile/Kunjin virus infection	<input type="checkbox"/>	During the thirty (30) days prior to export or whilst in the country/place of temporary residency*, the horse has not been present on any premises either within 100 kilometers of or within the country/place of temporary residency* where a clinical case of West Nile/Kunjin virus has been officially reported. OR <input type="checkbox"/> The horse has undergone a certified primary course or a certified booster vaccination following a certified primary course against West Nile virus within twelve (12) months preceding export with a registered, inactivated vaccine according to the manufacture's directions with the last dose administered not within fourteen (14) days of export.
(f)	Vesicular Stomatitis	<input type="checkbox"/>	No case of vesicular stomatitis has occurred in the country/place of export in the last twelve (12) months. OR <input type="checkbox"/> During the thirty (30) days prior to export or whilst in the country/place of temporary residency*, the horse has not been on any premises either within fifty (50) kilometers of where a case of vesicular stomatitis has been officially confirmed. AND The horse was tested for vesicular stomatitis with negative results by the virus neutralization test (VNT) on _____ ⁽¹⁵⁾ .
(g)	Japanese encephalitis	<input type="checkbox"/>	<p>Given the Japanese encephalitis is endemic in Hong Kong, it is recommended but not compulsory that horses entering Hong Kong are vaccinated against Japanese encephalitis but not within fourteen (14) days of shipment.</p> <input type="checkbox"/> This horse has not been vaccinated against Japanese encephalitis OR <input type="checkbox"/> A certified primary course of approved vaccinations against Japanese encephalitis comprising of at least two (2) doses with an interval of four (4) to six (6) weeks within twelve (12) months of shipment ⁽¹²⁾ . OR <input type="checkbox"/> A certified booster vaccination against Japanese encephalitis which was given within twelve (12) months of a certified primary course, or within twelve (12) months of a certified booster vaccination where it, and any other booster vaccinations, had been administered annually within a regular twelve (12) month period since the primary course ⁽¹²⁾ .

4) Additional testing and vaccination information after departure from the country of permanent/usual residency^(12&13)
 (Fill in the information if required. Strike out the whole section if not applicable.)

(a) Whilst in _____ (country/place of export), blood samples were taken from the horses, on the dates shown below and subjected to the following additional tests with negative results (unless otherwise stated) in each case,

_____ (Test) _____ (Date)

_____ (Test) _____ (Date)

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(b) Whilst in _____ (country/place of export), the horse received the following additional vaccination(s)⁽¹²⁾.

_____ (Vaccine) _____ (Batch No.) _____ (Date)

_____ (Vaccine) _____ (Batch No.) _____ (Date)

(c) No vaccines have been administered to the horse within fourteen (14) days of export to Hong Kong.

5) Pregnancy:

(a) In the case of a female horse, she is not pregnant.

6) External Parasite Examination and Treatment

(a) The horse was thoroughly examined by either an official veterinary officer or a designated veterinarian. A systematic approach was undertaken with close examination of ears, false nostrils, under body areas (axilla, inguinal, under mandible), perineum, mane and tail.

EITHER

No ticks were found

OR

Ticks were found and all horses in the premises were immediately treated with a parasiticide effective against ticks. Subsequent re-inspection established that ticks were no longer present. The Hong Kong SAR Government has been advised and has accepted the horse for temporary importation and their approval documentation is attached.

(b) The horse was treated with a broad spectrum parasiticide, licensed/registered for use on horses, capable of killing ticks and used according to the manufacturer's recommendations within forty-eight (48) hours prior to export.

SECTION VIII - CERTIFICATION VALIDITY: This certificate is valid for seven (7) days.

Signature: _____ Date: _____

Place of Examination: _____ Official Stamp: _____

Name of Official Veterinarian: _____

Position: _____ Qualifications: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Other contact details in event of an emergency outside normal working hours:

Official Export Stamp

Initials of the certifying Official Veterinarian

SECTION IX - TRANSPORT INFORMATION [This section is to be certified either by the same official veterinarian who has certified the foregoing section or by an authorized transportation agent.]

REFERENCE NUMBER: _____

- 1) The vehicle for the transport of the horse to the port of exit was cleaned and disinfected with an officially approved disinfectant and was treated with an officially approved insecticide to my satisfaction immediately prior to the loading of the animal.
- 2) During the transportation, the horse had no contact with animals not of the same certified health status.
- 3) I am satisfied that the preparation for transport, and the disinfection of the compartment of the aircraft or vessel to be occupied by the horse and removable equipment, penning and containers, have met the recommendations of the latest edition of the OIE Animal Health Code and that the containers meet the design and species requirements recommendations of the International Air Transport Association.

Signature: _____ Date: _____

Place: _____

Name in Block Letters: _____

Capacity: _____ Company: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

SAMPLE

Official Export Stamp

Initials of the certifying Official Veterinarian

SECTION X - ACKNOWLEDGEMENT BY THE CONSIGNOR OR HIS AUTHORISED AGENT

I _____ (name) hereby acknowledge the following:

- 1) In the event of the horse identified in SECTION I of this Horse Information Document, arriving in Hong Kong without the correct certification or in any other way not having met these requirements, the horse and any in-contact horse or thing may be detained in isolation, exported at the importer's expense or destroyed and disposed of at the importer's expense.
- 2) The horse must remain in a Government approved isolation premises, except during approved transport, training and competition until re-export.
- 3) The duration of stay in Hong Kong shall not exceed 30 days unless approved by the Hong Kong SAR Government.
- 4) Whilst in isolation in Hong Kong the horse may be subjected to any testing or any treatment prescribed by the Hong Kong SAR Government at the consignor's expense.
- 5) If the horse fails a test or shows signs of disease that horse and any in-contact horses may be, at the consignor's expense, detained in isolation for further testing and/or observation or exported or destroyed and disposed of without recompense.

Signature: _____ Date: _____ Place: _____

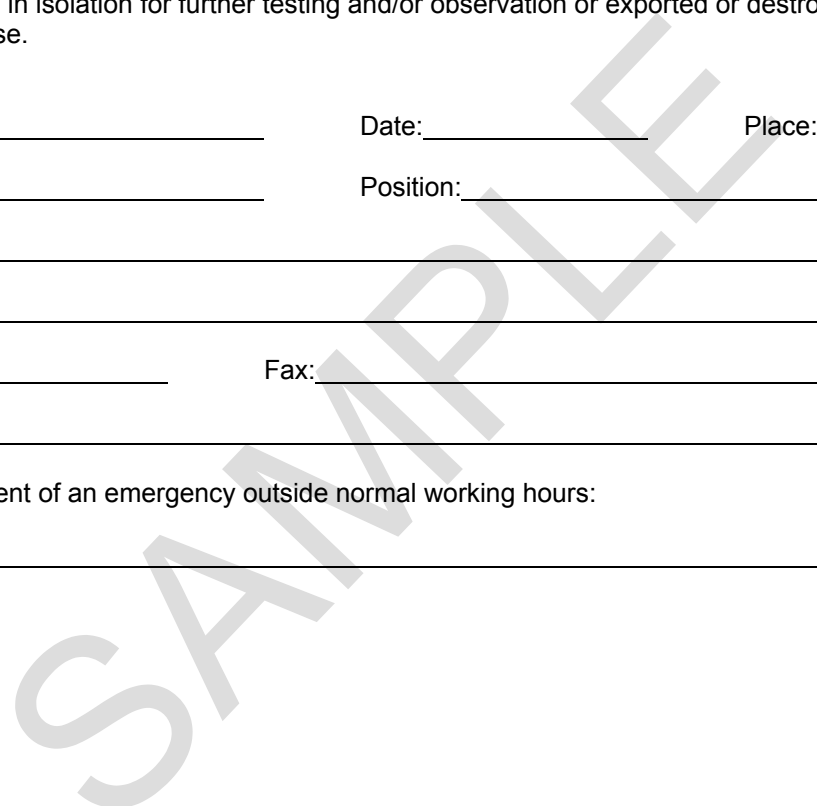
Name: _____ Position: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Other contact details in event of an emergency outside normal working hours:



Date

Signature of Official Veterinarian
Canadian Food Inspection Agency
Government of Canada

Name of Official Veterinarian ((in block letters))

Official Export Stamp

Address of Official Veterinarian

ANNEX I

**Additional Certification regarding Test for Equine Influenza
for the Temporary Import of Horse to Hong Kong**

Name: _____ Colour: _____

Sex: _____ Age: _____ Breed: _____

Accompanying Passport Number: _____

Name and Address of Pre-Export Quarantine Facility: _____

I, _____, a Government veterinarian authorized by the competent veterinary authority⁽³⁾ of the exporting country/place to certify horses for export, hereby declare that the following listed requirements are complied with fully.

A sample collected from the nasal passage of the horse during the forty-eight (48) hours prior to departure in the exporting country/place was subjected to an antigen enzyme-linked immunosorbent assay (ELISA) test (or any other test agreed by Hong Kong Agriculture, Fisheries and Conservation Department, HKAFCD) for influenza A with negative results[#].

Signature: _____ Date: _____

Place of Examination: _____ Official Stamp: _____

Name of Official Veterinarian: _____

Position: _____ Qualifications: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Other contact details in event of an emergency outside normal working hours:

If a positive result is detected in the test for influenza A, the other horses in the same residence will be unable to comply with the requirement under SECTION VI (3)(a) that "the horse was continuously resident on holdings under veterinary supervision in which none of the diseases listed below (including equine influenza) occurred during that time (the thirty (30) days immediately preceding export from the country/place of permanent/usual residency or the entire period in the exporting country/place or temporary residency). HKAFCD should be informed immediately for further advice. Tel.: (852)2150-7058, Fax: (852)2375-3563. Address: Room 502, 5/F, Import and Export Division, Agriculture, Fisheries and Conservation Department, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong, [e-mail:fopc3@afcd.gov.hk](mailto:fopc3@afcd.gov.hk)

Official Export Stamp_____
Initials of the certifying Official Veterinarian

FOOTNOTES:

- 1) The language of the exporting/importing country(ies)/place(s) may also be used providing that it appears below the English version on the same certification. In the event of any differences, the English version will prevail.
- 2) Scheduled countries/places: Argentina, Australia, Canada, Denmark, France, Germany, Italy, Japan, Macau, Malaysia, New Zealand, the Netherlands, the Republic of Ireland, Singapore, the United Arab Emirates, the United Kingdom (Great Britain & Northern Ireland) and the United States of America.
- 3) Competent Authority: The government authority of the country/place of export, which is responsible to issue official certification for the export of horse.
- 4) The consignor or his authorised agent must complete the acknowledgement (SECTION X) attached to this Horse Information Document.
- 5) Permanent/Usual Residency : The horse has been continuously resident in the country/place of export for at least 60 days (or since birth if the horse is less than 3 months old) prior to the date of export.
- 6) Country name to be inserted in SECTION IV(2) prior to completion of this certification with entry and exit dates completed en route. Changes of itinerary will be certified as appropriate.
- 7) Certified copies may be photocopies of the original importation certification bearing the name, title, signature, date and official stamp of the official veterinarian issuing the onward certification. If copies of health certificates and/or laboratory reports are not available to the exporting country/place then the tests will be deemed to have not taken place and must be performed in the exporting country/place.
- 8) Clause not applicable to initial certification issued in country/place of permanent/usual residency.
- 9) If the country/place of export cannot be certified as being free of Surra, Equine Encephalomyelitis (all types) and Screw worm, whilst the horse is temporarily resident there, then the horse must be held in insect vector protected stables and treated with an effective insect vector repellent/insecticide on each occasion that it leaves the insect vector protected stables.
- 10) The examination must be carried out within 24 hours of the horse leaving the country/place.
- 11) An official African horse sickness free zone of a country/place, territory or part of a territory as designated by the OIE.
- 12) All serological tests and vaccinations must be carried out in accordance with the latest version of the OIE Manual of Standards for Diagnostic Tests and Vaccines if OIE standards exist. The laboratory reports (or certified copies) for tests carried out must be attached to this Official Health Certificate and officially endorsed by the certifying veterinarian. Proof of vaccinations (certified entries in the horse's passport are sufficient) must also be attached.
- 13) Blood samples must be sent to a laboratory approved by the National Veterinary Service of the country/place, where the samples are taken.
- 14) If the samples were collected in the country/place of permanent/usual residency, the results can be used by the country/place of temporary residency while they are still valid.
- 15) Enter date the blood sample was collected.

***DELETE AS APPROPRIATE**