## **Department of Environment, Food and Agriculture**

Isle of Man Government

Rheynn Chymmyltaght, Bee as Eirinys

## Application for Veterinary Health Certificate for the Export of:

Live Animals, Germplasm and Animal Products to Member States of the EUROPEAN UNION

## **Notes**

Details of consignment

- 1. Applications may take up to 10 working days to process so please ensure that applications are submitted in good time.
- 2. Please complete this form fully using BLOCK LETTERS and black ink.
- 3. The completed application form should be returned to DEFA Agriculture Directorate.
- 4. Incomplete, illegible or unsigned application forms will be returned. It is especially important to give the full name, address and postcode of the Veterinary Surgeon at section 32 as the health certificate will be issued to him or her for completion and not to the exporter or agent.

1.	Consignor	
	Name	
	Address	
		Postcode
	Email address (optional)	
2.	Certificate reference number	for office use only
2.a.	Local reference number	for office use only
3.	<b>Central Competent Authority</b> (i.e. DEFA, Defra, SEERAD or NAWAD)	for office use only
4.	<b>Central Local Authority</b> (i.e. name of issuing AHDO)	for office use only
5.	Consignee	
	Name	
	Address	
		Postcode
6.	Numbers of Related Original (	Certificates
	Number(s) of accompanying certif	icate(s) Number(s) of accompanying document(s)
7.	Dealer	
	Name	
	Approval number	
8.	Country of origin	
9.	Region of origin	
10.	Country of destination	
11.	Region of destination	



	Place of origin/Place of harve	est (please tick one option)	
	Holding	Assembly Centre	Dealer's Premises
	Approved Body	Circus/Animal Act	Semen Centre
	Embryo Team	Establishment	Other
	Name		
	Address		
	Approval number		Postcode
4.5			
13.	Place of destination (please tick Holding	one option)  Assembly Centre	Dealer's Premises
	Approved Body	Circus/Animal Act	Semen Centre
	Embryo Team	Establishment	Other
	Name Address		
	Addicas		Postcode
	Approval number		
14.	Place of loading		
	Address		
			Postcode
15.	Date and time of departure	/ /	Postcode :
15. 16.	Date and time of departure  Means of transport (please tick of	/ / ne option)	Postcode :
	_	/ / ne option) Ship	Postcode  :  Railway wagon
	Means of transport (please tick o		
	Means of transport (please tick of Aeroplane	Ship	
16.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name	Ship	
16.	Means of transport (please tick of Aeroplane Road vehicle  Transporter	Ship	: Railway wagon
16.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address	Ship	
16.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name	Ship	: Railway wagon
16. 17.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address  Approval number Member State	Ship	: Railway wagon
16.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address  Approval number	Ship	: Railway wagon
16. 17.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address  Approval number Member State	Ship	: Railway wagon
16. 17.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address  Approval number Member State	Ship	: Railway wagon
16. 17.	Means of transport (please tick of Aeroplane Road vehicle  Transporter Name Address  Approval number Member State	Ship	: Railway wagon Postcode

21.	Temper	Temperature product and semen (please tick one option)								
		Ambient			(	Chilled			Frozen	
22.	Numbe	r of packages								
23.	Identifi	cation of container/Se	al num	ber						
24.	Type of	packaging								
25.	Animal	certified as/products	certified	<b>d for</b> (pl	ease tick <b>c</b>	one option)				
		Breeding		F	attening	)		Slaugh	ter	
		Transhumance		A	Approved	d body		Artifici	al Reproduction	
		Registered Equidae		C	Same re-	-stocking		Circus	'Animal Act	
		Pets		H	Human c	onsumptior	1 <u> </u>	Anima	feeding stuff	
		Pharmaceutical use		T	Technica (	l use		Other		
26.	Transit	through 3rd country (t	ick here if	applicable	e)					
	3rd coun	ntry								
	Exit poin	t								
	Entry po	int								
27.	Transit	through Member State	es (tick he	ere if appl	icable)					
	Member State									
	Member State									
	Member State									
28.	Export	(tick here if applicable)								
	3rd coun	ntry								
	Exit poin	t								
29.	Estimat	ed journey time								
30.	Journey	/ log (please tick one option)		Yes		No				
31.	Identifi	cation of the Animals	tick here i	if continue	ed on an a	ttached Sched	dule of Ide	ntification)		
		n the case of $10$ or more a $\times$ A and Appendix B.	animals,	please	use a Sc	chedule of I	Identifica	ation. Examples c	an be found at	
	mber of	Breed		Se	ex	Age date of		Official indivi	dual identificat	ion
7										

32.	Nomination of Veterin	ary Sur	geon				
	Name						
	Address						
	Addiess						Postcode
	Tel no (including national dial	ling code)					Tostcode
	Fax no (including national dia						
							]
33.	Proposed Date of Trav	el					
	Date and Travel		/	1			
34.	Declaration by the Exp	orter/ <i>P</i>	gent				
to the		d belief	and where	required I	agree to dis	charge	on this form are correct and complete the reasonable costs of the Department d I understand that:
•	it is my responsibility to c importing country;	check the	certificate	with any r	elevant imp	ort peri	mit or advice given to me by the
•	no liability for any losses importing country's requi			cepted by t	he Departm	ent if th	he certificate issued does not meet the
•	in the event of suspicion or confirmation of disease, after certification, it may be necessary for the Department to withdraw or cancel the health certificate without notice. No liability for losses incurred can be accepted by the Department should these circumstances arise;						
•	the information contained within this application may be disclosed to other competent veterinary authorities or used in the compilation of statistics.						
	I am the		Exporter		Agent		
	Signature of Exporter/Age	ent					
	Name						
	Address						
							Postcode
	Tel no (including national dial	ling code)					
	Fax no (including national dia	lling code)					
		- 1	<u> </u>				1
Send	l completed form to:	Departm Thie Slie St Johns	eau Whallia s, Isle of M	vironment, an, Foxdale an, IM4 3A		gricultu	re
		Tel:	+44 1624	<del>1</del> 002044			

+44 1624 685851

E-mail: agriculture@gov.im

Fax:

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Number of Animals	Breed	Sex	Age or date of birth	Official individual identification