**DEPARTMENT OF AGRICULTURE ENVIRONMENT AND RURAL AFFAIRS**

**DAERA**

**Model Animal Health Certificate for the movement of an individual Equine animal not intended for slaughter (Model ‘EQUI-INTRA-IND’) to an EU member state.**

## Owner's Declaration

**1.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3 (a).** APHIS Herd number from which the equidae are to be exported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(b).** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.** Number of equidae to be exported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

I, the undersigned, being the owner of the equidae to be exported to EU Member States on TRACES ITAHC number INTRA.XI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby declare that:

1. The animal has an individual Passport.
2. The animal comes from an establishment where there were no abnormal mortalities with an undetermined cause.
3. The animal has not been and will not be in contact with animals during the 30 days prior to departure which did not comply with the following requirements,

Premises of origin freedom from the following and for any listed time frames:

* Movement restrictions or situated in a restricted zone established for reasons of diseases listed for equine animals, including African horse sickness and infection with *Burkholderia mallei* (glanders).
* Surra – 2 years
* Dourine – 2 years
* Equine Infectious Anaemia – 12 months
* Venezuelan Equine Encephalomyelitis – 2 years
* Rabies – 30 days
1. The animal has not been and will not be in contact with animals during the 15 days prior to departure which did not comply with the following requirements

Premises of origin freedom from the following and for any listed time frames:

* Anthrax – 15 days

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**