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**DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS (DAERA)**

**OWNER`S DECLARATION**

FOR BOVINE DONOR TO SUPPORT export of Bovine Oocytes/Embryos on

**BOV-OOCYTE-EMB-A-INTRA**

1. **Information concerning the donor animal.**

If more than one female donor on EHC above, then please complete a separate Owner’s Declaration for each female donor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Official identification of the donor animal  | Registered name  | Sex  | Breed  | Date of Birth  |
|  |  |  |  |  |
| Confirm the donor animal was identified with 2 tags at the time of collection of germinal product  | Y/N |

**II Movement history of donor animal**

(a) I declare that the donor animal identified at I above was born and has since resided on establishments as stated below (movements to officially approved shows may be ignored).

*Include* ***all*** *establishments where the animal resided, whether in NI or other.*

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Address of Herd /** **Establishment** **/collection centre** **/ slaughterhouse** **(if applicable)**  | **Herd Number** **(list any associated herds)**  | **Period of residence (dd/mm/yy) and date** **of entry to collection unit**  |
| **1. Establishment of birth**  |       |   |   |
| **2. Movement to**  |   |   |   |
| **3. Movement to**  |   |   |   |
| **4. Movement to**  |   |   |   |

Where the donor has been imported into NI, I have provided the original incoming export health certificate to the official veterinarian.

The donor animal

* + Has been isolated from all other animals not of the same health status (and from the time of the last addition to the group) for at least 30 days at the last establishment or in the Embryo / Oocyte Collection Unit (EOCU) above

* + **\***And isolated again (at the last establishment mentioned below) from all other animals not of the same health status after returning from the EOCU (Embryo/Oocyte Collection Unit) until any post-embryo collection sample/s have been taken.

1. **Date of collection/production of oocytes\*/embryos\***

The oocytes/ embryos derived from the animal at I above and being exported were collected/ produced as follows:

|  |  |
| --- | --- |
| Date of **first** collection/production of oocytes\*/embryos\*   | (dd/mm/yy)  |
| Date of **period of 30 days before** first collection/production of oocytes\*/embryos\*   | (dd/mm/yy) to (dd/mm/yy)  |
| Date of **last** collection/production of oocytes\*/embryos\*   | (dd/mm/yy)  |

**III Health history of donor animal**

I declare that:

1. The donor animal was not vaccinated for Foot and Mouth Disease
2. The donor animal resided in NI for at least 60 days
3. The donor animal identified at **I** originates from an establishment which is free from infection with:

TB

Brucellosis

Enzootic Bovine Leucosis (EBL)

Surra (Trypanosoma evansii)

Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis (IBR/IPV)\* ***or***

There has been no clinical case of IBR/IPV for at least the preceding 12 months\*

1. ***\**** If the donor was imported, I can provide evidence (incoming health certificate/s and official document/s from the exporting competent authority) to attest to the disease freedoms at (a) for the residency period/s in establishments outside NI.
2. The donor animal identified at **I,** for at least 30 days prior to the date of collection/production of the oocytes/embryos and during the collection period:
3. Was kept on an establishment not subject to movement restrictions for Foot and Mouth disease, Rinderpest, Rift Valley Fever, Contagious Pleuro-pneumonia, or any emerging bovine disease
4. Was kept on a **single establishment** where infection with the following diseases was not reported:

TB

Brucellosis

Rabies

Anthrax

Surra

Enzootic Bovine Leukosis

Infectious bovine rhinotracheitis / Infectious pustular vulvovaginitis

Bovine Viral Diarrhoea

Epizootic Haemorrhagic Disease

Bluetongue

1. Has not been in contact with animals from establishments situated in a restricted zone because of:

 Foot and Mouth Disease

Rinderpest

Rift Valley Fever

Contagious Bovine Pleuropneumonia

Lumpy Skin Disease

An emerging bovine disease

1. Has not been in contact with animals from establishments restricted for the diseases at (e)(ii) above.
2. Was kept in an establishment that did not have foot-and-mouth disease reported for at least 3 months before collection of oocytes/embryos.
3. Has not been used for natural breeding.

 *\*Delete as applicable.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner:

(BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_