

DEPARTMENT OF AGRICULTURE ENVIRONMENT AND RURAL AFFAIRS

EXPORT OF SHEEP FOR BREEDING / PRODUCTION TO THE ISLE OF MAN

VETERINARY EXPORT HEALTH CERTIFICATE

HEALTH CERTIFICATE No

. Identification of Animals

Total number of sheep (to be written in words)

Identification marks	Breed	Sex	Age/date of birth

II. Origin of Animals

- (a) Name and address of consignor:
- (b) Address of premises of origin (if different from II (a)):

III. Destination of Animals

- (a) Name and address of consignee:
- (b) Address of premises of destination (if different from III (a)):

IV. Health information:

I, the undersigned, certify that the sheep described in the schedule and transported in vehicle registration number meet the following requirements:-

 They have been examined by me within 24 hours prior to export to the Isle of Man and they: (i)are identified correctly and in accordance with the Owners Declaration.

(ii) showed no evidence of infectious or contagious disease including ectoparasites and were fit to travel;

- (iii) are not animals which are to be destroyed under a national contagious or infectious disease eradication programme; and(iv) do not originate from premises under restriction on animal health grounds.
- . The owner/exporter has signed a declaration stating that:
 - (i) The animals have been resident on the holding of origin in Northern Ireland for at least the last 30 days or since birth, and no further animals have been introduced in the last 6 days unless they have been isolated from the rest of the flock in officially approved isolation premises.
 - (ii) The sheep to be exported will be moved from the premises of origin to the Isle of Man in vehicles which prior to commencement of loading of the consignment have been thoroughly cleansed and disinfected with an approved disinfectant.
- (iii) The animals will be kept separate from animals not similarly certified until their arrival at point of destination in the Isle of Man.
- (iv)The animals to be exported will be transported direct to the Isle of Man without entering into a Bluetongue restricted zone.
- 3. The flock from which the sheep are to be exported is/is not* a member of the DAERA Scrapie Monitored Flock Scheme. In addition the flock has not had a case of scrapie confirmed within the last 3 years.
- 4. Caseous Lymphadenitis has not been recorded on the holding of origin during the previous 12 months.

5. EITHER

(i) The flock from which the sheep are to be exported is officially recognised as being Maedi Visna free.

OR

- (ii) The said animals have been retained in a DAERA approved isolation premises for a period of at least 180 days and during that time have undergone two blood tests at least six months and not more than eight months apart which were submitted to the AGID test for Maedivisna/Caprine Arthritis-Encephalitis with negative result. The second sample has been taken within 14 days of the export date. OR
- (iii) The said animals have been retained in a DAERA approved isolation premises immediately prior to export and during the period of isolation have had a blood sample taken which has been submitted to the AGID test for Maedi-visna/Caprine Arthritis-Encephalitis with negative result.
- The animals to be exported originate from a Bluetongue free zone and not a restricted zone (restricted includes both protection and surveillance zones).
- As regards Bluetongue vaccination (see footnote below) and based on an Owners Declaration:

EITHER

(i) *the animals to be exported have been vaccinated; ¹

¹ Applicable when the animals have been previously imported into Northern Ireland with a known vaccination status from a bluetongue vaccinating country. EHC 0024 NI (V1) - 05/2024

OR (ii) *the animals to be exported have not been vaccinated;² OR (iii) *the vaccination status of the animals is unknown (delete as appropriate).³ This certificate is valid for 5 days. v. Delete as applicable Certified at: on (date) Signed MRCVS Official Veterinarian (OV) of the Department of Agriculture Environment and Rural Affairs Name: (BLOCK CAPITALS) Address OV Stamp

SCHEDULE

SHEEP FOR BREEDING AND PRODUCTION

Individual Identification No	Breed	Sex	Age/Date of Birth
Individual Identification No	Breed	Sex	Age/Date of Birth

(Delete any space after the last entry)

This is page no. _____ of a (no.) _____ page schedule provided in respect of the 0024 EHC NI to IOM Export Health Certificate serial no.

Signed Official Veterinarian (OV)

Name

(BLOCK CAPITALS)

Date:

OV Stamp

MRCVS

7,

Ref: 0024 EHC NI