



Health certificate for re-entry after temporary export of Registered
or Unregistered Equine to EU countries and Norway
GBHC660

NORWAY

Original Replacement

Part I. Details of dispatched consignment EQUINES

I.1 Consignor Name: Address: Tel:		I.2 Certificate reference no.		I.3 Central competent authority NORWEGIAN FOOD SAFETY AUTHORITY, N-2381 BRUMMUNDDAL, NORWAY			
		I.2.a Original certificate no.		I.4 Local competent authority NORWEGIAN FOOD SAFETY AUTHORITY, REGIONAL OFFICE			
I.5 Consignee Name: Address: Tel:				I.6 Operator responsible for the consignment: Name: Address: Tel:			
I.7 Country of origin Great Britain, Channel Islands or Isle of Man	ISO code	I.8 Region of origin	Code	I.9 Country of destination	ISO code	I.10 Region of destination	Code
I.11 Place of origin Name: Approval number: Address:				I.12 Place of destination Name: Address:			
I.13 Place of loading Name: Approval number: Address:				I.14 Date of departure Time of departure			
I.15 Means of transport <input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other Identification: Authorised transporter approval number: Transporter details:				I.16 Entry BCP			
				I.17 Accompanying documents			

I.2 Certificate reference no.	I.2.a Original cert. no.
-------------------------------	--------------------------

I.18 Description of animal				
I.19 Commodity code (HS code) 01.01	I.21 Not in use		I.23 Seal / Container No.	
I.20 Quantity	I.22 Number of animals 1		I.24 Not in use	
I.25 Animal certified for: <input type="checkbox"/> Registered equine <input type="checkbox"/> Unregistered equine				
I.25(a) Reference number of health certificate on which equine was temporarily exported from Great Britain:				
I.26 Transit details			I.27 <input type="checkbox"/> For import or admission into Great Britain	
I.28 Identification of the animal				
Species (Scientific name)	Identification system	Identification number	Age	Sex

Part II. Certification

Animal Health

I, the undersigned official veterinarian, hereby certify, that the animal described in Box I.28.:

(*) **~~EITHER~~** [does not come from the territory or part of the territory of a Member State or Norway which is the subject of restrictions for reasons of African horse sickness;]

(*) **~~OR~~** [it comes from the territory or part of the territory of a Member State or Norway, which is subject to restrictions for reasons of African horse sickness, has remained for at least 40 days prior to dispatch in the vector proved quarantine station of (insert name of quarantine station) and has undergone a test for the detection of antibodies to the African horse sickness virus as described in GB requirements carried out simultaneously on blood samples taken on two occasions with an interval of between 21 and 30 days on (insert date) and during the 10 days prior to dispatch on (insert date)]

(*) **~~EITHER~~** [with negative result in each case if it was not vaccinated against African horse sickness;]

(*) **~~OR~~** [without an increase in antibody count if it was vaccinated against African horse sickness;]

AH/E023 Establishment requirements

has not been obtained from a holding which was subject to prohibition for animal health reasons, which laid down at least one of the following conditions:

- (*) **EITHER** [not all animals on the holding of species susceptible to the diseases mentioned hereafter were slaughtered and the prohibition lasted for at least:
- (a) in the case of equidae suspected of having contracted dourine
 - (*) **EITHER** [six months beginning on the date of the last actual or possible contact with a sick or infected with *Trypanosoma equiperdum* animal;]]
 - (*) **OR** [in the case of a stallion until the animal is castrated;]]
 - (b) in the case of glanders as per GB requirements;
 - (c) in the case of equine encephalomyelitis of any type
 - (*) **EITHER** [six months as per GB requirements;]]
 - (*) **OR** [in which equine encephalomyelitis has not occurred during the period of 6 months prior to the date of dispatch;]]
 - (d) in the case of equine infectious anaemia as per GB requirements;
 - (e) in the case of vesicular stomatitis,
 - (*) **EITHER** [six months from the last case;]]
 - (*) **OR** [in which vesicular stomatitis has not occurred during the period of 6 months prior to the date of dispatch;]]
 - (f) in the case of rabies, one month from the last case;
 - (g) in the case of anthrax, 15 days from the last case.]
- (*) **OR** [following cases of dourine, glanders, equine encephalomyelitis of all types, equine infectious anaemia, vesicular stomatitis, rabies or anthrax, all animals on the holding of species susceptible to the disease in question were slaughtered or killed and the prohibition lasted for 30 days or 15 days in the case of anthrax, beginning on the day on which, following the destruction of the animals, the disinfection of the premises, was satisfactorily completed;]

AH/A116F Animal requirements (Vaccinations)

- (*) **EITHER** (a) [was not vaccinated against African horse sickness;]
- (*) **OR** (b) [was vaccinated against African horse sickness on (insert date);]
- (*) **EITHER** (i) [at least two months prior to certification;]]
 - (*) **OR** (ii) [at least two months prior to entry into the quarantine station;]]

AH/A726F Animal requirements

- (*) **EITHER** (a) [is a registered equine as defined in GB legislation;]
- (*) **OR** (b) [is an unregistered equine;]
- (c) was examined today and found free of clinical signs of disease and of obvious signs of ectoparasite infestation;
- (d) is not intended for slaughter under a national programme of infectious or contagious disease eradication;

AH/A732 Animal requirements (freedom from disease)

- (a) to the best of my knowledge, it has not been in contact with equidae suffering from an infectious or contagious disease in the 15 days prior to this declaration;
- (b) at the time of the inspection, it was fit to be transported on the intended journey in accordance with GB legislation.

Re-entry after temporary export of registered or unregistered equine GBHC660

I.2 Certificate reference no.	I.2.a Original cert. no.
-------------------------------	--------------------------

(*) Keep as appropriate.

Official Veterinarian	
By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met.	
Name (in capital letters):	Qualification and title:
Date:	Signature:
Stamp:	

Specimen