APHIS PERMIT Number: _____

I. Identification of the animal

NAME	BREED	SEX	AGE	COLOR
	warmblood			

Additional identifiers:

Passport: ***Microchip:***

Country Visited:

II. Animal Health Attestations:

I, the undersigned, certify that the horse described above meets the following requirements:

a. The horse described in this certificate has been in said country for:
   - ____ day(s), between the dates of _____ and

b. That on _____ (date) the horse was inspected on the premises of temporary residence and found free of evidence of infectious or communicable disease (including CEM) and, insofar as can be determined, exposure thereto during the aforementioned period preceding exportation;

c. That the horse has not been vaccinated with a live or attenuated or inactivated vaccine during the 14 days preceding exportation;

d. That, insofar as I can determine, no case of African horse sickness, Dourine, Glanders, Surra, Epizootic lymphangitis, Ulcerative lymphangitis, Equine piroplasmosis, Venezuelan equine encephalomyelitis, Vesicular stomatitis, Contagious equine metritis, or Equine infectious anemia has occurred on the premises of temporary residence, or adjoining premises during the aforementioned period preceding exportation;

e. That the horse was inspected and found free from ectoparasites.

~~*Additional attestations for mares and stallion temporarily exported from the US to CEM affected countries:*~~

~~f. So far as I can determine after due inquiry, since importation from the United States of America on _____(date), the horse has:~~

- ~~been held separated and apart from all other horses except for the time it was actually participating in an event or was being exercised by its trainer;~~
- ~~not been on any premises where horses were held or used for breeding purposes;~~
- ~~not been bred nor had other sexual contact or genital examination while in said country;~~
- ~~been transported only in cleaned and disinfected vehicles and was not accompanied by any other horse shipment of a different status.~~

Designated Official Veterinarian:

_____	_____	_____
Signature	*Printed Name*	*Date*

Full-time Salaried Veterinary Officer:

_____	_____	_____
Signature	*Printed Name*	*Date*