

**HEALTH CERTIFICATE  
FOR PERMANENT IMPORTS OF HORSES FROM MEMBER STATES OF THE EUROPEAN UNION TO  
BAHRAIN**

No. of certificate:

Member State of dispatch <sup>(1)</sup>:

Ministry responsible:

**I. IDENTIFICATION OF THE ANIMAL**

| Name<br>Unique life number | Breed - Age – Sex – Colour | Number of identification document |
|----------------------------|----------------------------|-----------------------------------|
|                            |                            |                                   |

**II. ORIGIN AND DESTINATION OF THE HORSE**

The horse is to be sent from:

(Place of export, examination and certification)

To:

(By Lorry / Aircraft)

(Indicate means of transport & registration marks, flight number or registered name as appropriate)

Name and address of consignor:

Name and address of consignee:

**Bahrain Import permit No:**

**III. HEALTH INFORMATION**

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

- a)** Has been examined today (date) , being within 24 hours of export, and shows no clinical signs of infectious and contagious disease, and is certified free from external parasites. The horse is fit to travel today.
- b)** It is not intended for slaughter under a national programme of infectious or contagious disease eradication.
- c)** the said animal does not come from the territory or part of the territory<sup>(1)</sup> of a Member State which is the subject of restrictions for reasons of African Horse Sickness; and
  - (a) either is not vaccinated against African Horse Sickness; <sup>(5)</sup> or
  - (b) was vaccinated against African Horse Sickness on (date) <sup>(5)</sup>
- d)** It does not come from a holding which was subject to prohibition for animal health reasons, nor had contact with equidae from a holding which was subject to prohibition for animal health reasons.
  - (i) during six months in the case of equidae suspected of having contracted Dourine, beginning on the date of the last actual or possible contact with a sick animal. However, in the case of a stallion, the prohibition should apply until the animal is castrated;
  - (ii) during six months in the case of Glanders, beginning on the day on which the equidae suffering from the disease are killed and safely destroyed;
  - (iii) during six months in the case of Equine Encephalomyelitis, beginning on the day on which the equidae suffering from the disease in question are slaughtered;
  - (iv) In the case of Equine Infectious Anaemia, until the date on which, the infected animals having been slaughtered, the remaining animals have shown a negative reaction to two Agar gel immunodiffusion tests carried out 3 months apart;
  - (v) during six months from the last case in the case of Vesicular Stomatitis;
  - (vi) during one month from the last case, in the case of Rabies;
  - (vii) during 15 days from the last recorded case, in the case of Anthrax.
- e)** If all the animals of species susceptible to the diseases mentioned in points (i) to (vii) located on the holding have been slaughtered or killed and safely destroyed, and the premises disinfected, the period of prohibition shall be 30 days, beginning on the day on which the animals were destroyed and the premises disinfected, except in the case of Anthrax, where the period of prohibition is 15 days.

- f)** To the best of my knowledge it has been resident on premises under veterinary supervision for the 15 days immediately prior to export and, during that time, it has not been in contact with equidae suffering from an infectious or contagious disease;
- g)** As far as can be ascertained, and based on a written declaration by the owner/agent, it has been resident in the European Union for at least the 30 days immediately prior to export;
- h)** It was subjected to the following blood tests carried out on blood samples collected on (date), being within 30 days of export, and if imported into the EU at least 14 days after the date of entry, with negative results in each case:
- (i) a Complement Fixation Test for Dourine at a dilution of 1 in 5<sup>(4)</sup>;
  - (ii) a Complement Fixation Test for Glanders at a dilution of 1 in 5<sup>(4)</sup>;
  - (iii) an Agar Gel Immunodiffusion Test for Equine Infectious Anaemia<sup>(4)</sup>;
- i)** The animal is an uncastrated male horse older than 180 days of age<sup>(5)</sup> and
- (i) either on (date) being within 30 days of export, and, if imported into the EU, at least 14 days after the date of entry, blood samples were taken from the said animal and sent to a laboratory approved for export testing by the Competent Authority of the Member State of export, where they were submitted to testing by a Virus Neutralisation Test for Equine Viral Arteritis with negative results, at a dilution of 1 in 4<sup>(5)</sup>; OR
  - (ii) on (date) being within 30 days of export, and, if imported into the E.U., at least 14 days after the date of entry, an aliquot of its entire semen was taken and submitted to a laboratory approved for export testing by the Competent Authority of the Member State of export where it was tested by Virus Isolation Tests for Equine Viral Arteritis (at least 3 passages) with negative results<sup>(5)</sup>; OR
  - (iii) on (date) it was vaccinated against Equine Viral Arteritis, under Official Veterinary Supervision with a vaccine approved by the Competent Authority of the Member State of export, according to the following programme for initial vaccination and, where appropriate, has since been re-vaccinated at regular intervals, as recommended by the vaccine manufacturer<sup>(3)</sup><sup>(5)</sup>.
- Programmes for initial vaccination against Equine Viral Arteritis:
- Instruction: - Cross out vaccination programmes that do not apply to the animal described above.
- Verify supporting certification on testing before vaccination, vaccination and re-vaccination.
- \*a) Vaccination was carried out on the day a blood sample was taken that subsequently proved negative in a virus neutralization test for Equine Viral Arteritis at a dilution of 1 in 4: or,<sup>(5)</sup>
- \*b) Vaccination was carried out during a period of isolation of not more than 15 days under official veterinary supervision, commencing on the day a blood sample was taken that was tested during that time with negative result in a Virus Neutralization test for Equine Viral Arteritis at a dilution of 1 in 4: or,<sup>(5)</sup>
- \*c) Vaccination was carried out when the animal was at an age of 180 to 270 days, during a period of isolation under official veterinary supervision. During the isolation period two blood samples taken at least 10 days apart proved a stable or declining antibody titre in a virus neutralization test for Equine Viral Arteritis:<sup>(5)</sup>
- j)** During the 60 days immediately prior to export, but not within 14 days of export, the horse received;
- Either (i) at least two primary vaccinations against Equine Influenza, given in accordance with the manufacturer recommendations (3) (6). Dates of vaccinations 1 2
- Or (ii) it received a booster vaccination against equine influenza which was given within 12 months of a certified primary course, or within 12 months of a certified booster vaccination where it, and any other previous booster vaccinations, had been administered annually within a regular 12 month period since the primary course<sup>(5)</sup>
- Date of booster vaccination
- k)** It shows no clinical signs of Contagious Equine Metritis (CEM) and, as far as can be determined, during the last 60 days, it has not been on any holding where there has been any suspicion of CEM during that time, nor has it had contact indirectly, or directly through coitus, with equidae infected or suspected of being infected with CEM:
- l)** I have a written declaration, signed by the owner of the representative, stating that:
- (i) The horse will be sent from the premises of origin to the Airport of dispatch without coming into contact with other equine animals which do not meet BAHRAIN Permanent Import Conditions as specified in this certificate, in a vehicle cleansed and disinfected in advance with a disinfectant officially recognised in the country of dispatch, AND EITHER
  - (ii) The horse will be sent directly from the premises of origin to the Airport of dispatch, or,<sup>(5)</sup>
  - OR
  - (iii) The horse will not be sent directly from the premises of origin to the Airport of dispatch but it will be unloaded at the following premises, en route, and Supplementary Certification in the form specified at Annex B to BAHRAIN Import Conditions for the permanent import of horses from the EU, will be provided for each premises<sup>(5)</sup> (2)

**IV.** The certificate is valid for 10 days.

| Date | Place | Stamp (*) and signature of the official veterinarian |
|------|-------|--|
|      |       |  |

.....  
 (Name in block letters, qualification and title)  
 (\*) The colour of the stamp must be different to that of the printing

Footnotes:

1. Part of territory in accordance with Article 13 (2) of Council Directive 2009/156/EC.
2. The approved Veterinary Surgeon(s) supervising the isolation(s) must provide certification equivalent to that attached to the supplementary certificate
3. Vaccinations have to be entered in the identification document (passport).
4. All laboratory tests must be carried out at a laboratory, approved for export testing by the Competent Authority of the Member State of export.
5. Delete as appropriate.
6. For BAHRAIN import purposes a primary course of vaccinations will be considered to consist of at least two doses of the same vaccine given in line with the vaccine manufacturer's recommendations.

**SUPPLEMENTARY CERTIFICATE**

I, the undersigned, certify that:

- (i) The horses identified in Health Certificate No(s) \_\_\_\_\_ were held in isolation at \_\_\_\_\_  
from \_\_\_\_\_ (time and date)  
Until \_\_\_\_\_ (time and date).
- (ii) To the best of my knowledge, and based on a written declaration of the owner/manager of the premises, there has been no evidence of infectious or contagious diseases of equines during the 15 days immediately prior to the entry of the export horses identified above.

.....  
Signature of certifying veterinary surgeon

.....  
Date

.....  
Name and Qualifications (in block capitals)

Official Stamp