

**MODEL FORM**Certificate No. : \_\_\_\_\_  
(issued by the Government of country/place of export)

HORSE NAME : \_\_\_\_\_

PASSPORT NUMBER : \_\_\_\_\_

1	Country/ Place :	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

2	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

3	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

4	Country/ Place :	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

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5	Country/ Place :	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

6	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

7	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

8	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

**MODEL FORM**

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9	Country/ Place:	Entry date:	Exit date:	Official Stamp:
Name and Address of residence:				
Purpose of residence :				
Signature:		Date:		
Name of Official Veterinarian:			Post:	

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

Place: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I, \_\_\_\_\_, a government veterinarian authorized by the competent veterinary authority of the exporting country/place to certify horses for export, hereby declare that I have read and endorsed all the preceding sections of this certificate and have no reason to doubt the validity of the information contained.

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

Place of Examination: \_\_\_\_\_

Name of Government Official Veterinarian: \_\_\_\_\_

Post: \_\_\_\_\_ Qualification: \_\_\_\_\_

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

Official Stamp:

\_\_\_\_\_