

ent Gouvernement du Canada Food Agence canadienne n Agency d'inspection des aliments

| REFERENCE NUMBER: | |
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VETERINARY HEALTH CERTIFICATE FOR EXPORT OF COLUMBIFORMES TO THE UNITED STATES OF AMERICA

| | ry Authority adian Food Inspection Agency | Date of Issue | Certificate Number | | | |
|---|--|--|---|----------|--|--|
| | CERTIFICATION | | | | | |
| This is to certify that the animals described herein conform to the current veterinary import requirements of the United States. Health certificates are valid for 30 days from the date of issue by the examining veterinarian of the exporting country. | | | | | | |
| 1. Consignor/Shipper/Owner: | | | 2. Consignee/Broker/Owner: | | | |
| 3. Country of Origin: CANADA | | | 4. Date of Shipment: | | | |
| 5. Country of Destination: UNITED STATES | | ES | 6. State of Destination: | | | |
| 7. Home Quarantine Address: | | | 8. Port of Embarkation / Border Crossing: | | | |
| 9. Date of Veterinary Inspection: | | | 10. Means of Transport: | | | |
| 11. Description of Commodity (Type of poultry): | | | | | | |
| 13. Total Quantity: | | | 14. Total Number of Shipping Containers: | | | |
| 15. Bird Identification (microchip, tattoo, or leg band): | | | | | | |
| Row | Species/Breed | Physical Description/Identification Quantity | | Quantity | | |
| 1 | | | | | | |
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Canadian Food Inspection Agency d'inspection des aliments

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| Veterinary Authority Date of | | | Date of Issue | Certificate Number | | | |
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| Canadian Food Inspection Agency | | nadian Food Inspection Agency | | | | | |
| _ | 4.6. | 11 01 1 | | | | | |
| Ce | rtifica | ation Statements: | | | | | |
| | | certify that following due enquiry and to ertificate comply with the following state | | ge and belief, the birds covered under this | | | |
| 1. | EITH | HER: | | | | | |
| | During the ninety (90) days prior to export, the birds have been continuously maintained in the region of export. Any bird that was imported from a country other than the United States has met Canadian domestic residency requirements OR | | | | | | |
| | The birds have been imported from a country other than the United States, have met all Canadian permanent entry conditions but have been in the region of export for less than ninety (90) days. The shipment will be accompanied by a health certificate from each country in which the birds have resided during the ninety (90) days prior to entry into the United States | | | | | | |
| 2. | The birds were inspected on the premises of origin within the thirty (30) days preceding the date of export and the birds were found to be clinically free of signs of communicable diseases of poultry. | | | | | | |
| 3. | | o far as can be determined, the birds were ty (90) days prior to the inspection date. | e not suspected to have a | any communicable disease of poultry during the | | | |
| 4. | The | birds were not vaccinated for any H5 or I | H7 subtype of avian influ | enza. | | | |
| 5. | A. | | | | | | |
| | OR B. Vaccinated against Newcastle disease (avian paramyxovirus) at least twenty-one (21) days prior to export, using vaccines that do not contain any velogenic strains of Newcastle disease virus. | | | | | | |
| | | Date: Name and | Manufacturer of vaccine | | | | |
| 6. | A. Do not originate from and have not transited through a control zone established by the Canadian Food Inspection Agency (CFIA) due to outbreaks of Newcastle disease or Highly Pathogenic Avian Influenza (HPAI) and are not currently under quarantine nor have any restrictions to their movement. | | | | | | |
| | OR B. | HPAI and arrangements have been made | de for quarantine after im | e CFIA due to outbreaks of Newcastle disease or portation. The exporter has been advised that the avian animals after leaving the premises of | | | |
| 7. | | | | | | | |
| Note: The following is a <u>Canadian import requirement</u> Pigeons that will be returning to Canada must be vaccinated prior to export to the USA for avian paramyxovirus at least thirty (30) days and not more than one hundred eighty (180) days prior to their departure. | | | | | | | |
| | ************************************** | | | | | | |
| Na | Name of Accredited Veterinarian (Printed) Name of Official Veterinarian (Printed) | | | | | | |
| | | | | | | | |
| Signature of Accredited Veterinarian | | Signature of | Official Veterinarian | | | | |
| . | , | | O.g.i.atai.o o. | | | | |
| Date (yyyy-mm-dd) | | Date(yyyy-mi | m-dd) | | | | |
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