HEALTH CERTIFICATE.

EXPORT OF BREEDING PIGS TO THE PEOPLE’S REPUBLIC OF CHINA

EXPORTING COUNTRY: Ireland.

COMPETENT MINISTRY: Department of Agriculture, Food and the Marine, Kildare Street, Dublin 2.

1. Number and identification of the animals.

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<th>Official ear mark</th>
<th>Breed</th>
<th>Sex</th>
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<td>Sample</td>
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</table>
2. Origin of the animals.

(a) Name and address of consignor: .................................................................
................................................................. .................................................................

(b) Address of premises of origin where the pigs for export were examined and
underwent preliminary testing in isolation:
................................................................. .................................................................

(c) Address of the quarantine facility where the pigs for export underwent 30
days pre export quarantine and testing
................................................................. .................................................................
................................................................. .................................................................

Date of commencement of pre-export quarantine: ..............................................

Date of completion of pre-export quarantine: ...................................................

3. Destination of the animals.


(b) Name and address of consignee: .................................................................
................................................................. .................................................................

(c) Means of transportation: .................................................................
4. Health Information.

I, the undersigned, certify that the animals described above meet the following requirements:

(1) the Republic of Ireland is officially free of African Swine Fever, Classical Swine Fever, Swine Vesicular Disease, Foot And Mouth Disease and Teschen Disease.

(2) the pigs for export have originated from a farm, or farms, where on the basis of supporting veterinary certification:

(i) Porcine Brucellosis, Aujezsky’s Disease (Pseudorabies), Atrophic Rhinitis, Swine Infectious Pleuropneumonia, Transmissible Gastroenteritis and Tuberculosis have not occurred during the previous three (3) years.

(ii) To the best of my knowledge and belief and after an examination of the breeding records, there is no evidence that an outbreak of Blue Eared Pig Disease (Porcine Reproductive Respiratory Syndrome) has occurred on the premises of origin nor have there been any clinical, serological or virological evidence of the disease during the 12 months prior to commencement of the isolation of the animals to be exported.

(iii) all animals have not been vaccinated against Aujezsky’s Disease

(3) I examined the animals within 24 hours prior to export and found them to be free from clinical evidence of infectious or contagious disease.

(4) On …..(date)………..within 30 days prior to entering the approved pre-export quarantine facilities, the following tests were undertaken with negative results:

(a) Swine Dysentery - faecal swab culture for treponema hyodysenteriae.
(b) **Porcine Brucellosis**  -  (i) cELISA test or PCR with negative results

(c) **Aujezsky’s disease**  -  Serum neutralisation at dilution of 1:4

(d) **Transmissible gastroenteritis (TGE)**  -  Serum neutralisation at a dilution of 1:8
   
   either

   (i) the tests were negative or,
   (ii) if positive to the Serum neutralisation test, the samples were submitted to the differential ELISA with negative results

(e) **Actinobacillus pleuropneumonia**  -  Complement fixation test (type 02, type 08) at a dilution of 1:10

(f) **PRRS**  -  Immunoperoxidase monolayer assay test
   
   **Or**
   
   -Indirect immunofluorescent antibody test (IFA) with negative result at dilution 1:20

(5) On…… ……(date)……………… , during the 30 day pre-export quarantine period, on a premises approved by Irish Veterinary Authorities, the following tests were undertaken with negative results:

(a) **Porcine Brucellosis**  -  (i) cELISA test or PCR with negative results
(b) **Aujezsky’s disease** - Serum neutralisation at dilution of 1:4

(c) **Transmissible gastroenteritis (TGE)** - Serum neutralisation at a dilution of 1:8

either

(i) the tests were negative or
(ii) if positive to the Serum neutralisation test, the samples were submitted to the differential ELISA with negative results

(d) **Actinobacillus pleuropneumonia** - Complement fixation test (type 02, type 08) at a dilution of 1:10

(e) **PRRS** - Immunoperoxidase monolayer assay test

Or

Indirect immunofluorescent antibody test (IFA) with negative result at dilution 1:20

(6) During the 30 day pre-export quarantine period the pigs for export were treated for leptospirosis by means of two injections of dihydrostreptomycin at an interval of 14 days on ...........(date)......... and ...........(date)........ and at a dose rate of 25mg per kg.

(7) On ...........(date)................., during the 30 day pre-export quarantine period the pigs for export, under the supervision of an Official Veterinarian, were treated with...........(name of parasiticide)....... .........an officially approved parasiticide for internal and external parasites.

(8) A declaration has been received from the owner / agent to the effect that:
(i) the pigs for export shall be transported in crates, vehicles or aircraft cleaned and disinfected using ....................(name of disinfectant)................ an officially approved disinfectant at a dilution rate of ...................(dilution rate).........

(ii) feed, fodder and bedding in use during the quarantine and during transport originates from an area free of epizootic disease.

(iii) The pigs for export shall be transhipped from the quarantine premises to the point of destination without passing through a seriously infected epizootic area and will not come into contact with animals of an inferior health status.

OFFICIAL STAMP  
Date: .............................................

Signature: ............................................... 

Name in block letters: ..........................................

Veterinary Inspector of the Department of Agriculture, Food and the Marine.