



Australian Government

Certificate of Health to Accompany Animals or Animal Reproductive Material

Sections 2.53, 3.14 and 4.03 of the Export Control (Animals) Order 2004

Certificate N^o

RME-000

Page	1	of	2
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Name and Address of Exporter:		Name and Address of Importer	
AUSTRALIA		NEW ZEALAND	
		Import Permit N^o	

Description of Animals			
<u>Number</u>	<u>Kind (Species)</u>	<u>Class (Companion, competition, breeder etc)</u>	<u>Identification (microchip, eartags etc)</u>

Description of Animal Reproductive Material			
<u>Number</u>	<u>Kind (Species and type; eg equine semen)</u>	<u>Condition (Fresh/Frozen)</u>	<u>Identification (straw numbers, packing list)</u>
X VIALS	EQUINE SEMEN	FRESH	See attached

The goods have complied with the requirements set out in the following page/s.		Official Stamp
XXXXXXXXXX	XXXX	
Name of Authorised Officer	Identity N ^o	
Signature of Authorised Officer	XX/XX/XXXX Date of Issue	



Australian Government
Department of Agriculture

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Page	2	of	2
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Veterinary Certificate B

I, Dr **XXXXXXXXXX**, an Official Veterinarian of the Australian Department of Agriculture and Water Resources, certify, with respect to the horse semen identified in the attached zoosanitary certificate, that:

1. The veterinarian whose signature appears on Veterinary Certificate A is a registered veterinarian in Australia.
2. The centre is under the overall supervision of the Department of Agriculture and Water Resources, which is responsible for routine visits to check the health and welfare of animals, and the procedures and prescribed records at the centre at least every 12 months to ensure that New Zealand's import requirements are being met in accordance with this import health standard.
3. Prior to export, the container in which the horse semen is to be transported was sealed using an official seal of the Department of Agriculture and Water Resources bearing the following unique mark or identification number: **Seal number:**

The goods have complied with the requirements set out in the following page/s.		Official Stamp
XXXXXXXXXXXX	XXXX	
..... Name of Authorised Officer Identity N ^o	
..... Signature of Authorised Officer	XX/XX/XXXX Date of Issue	