REFERENCE NUMBER:_____

VETERINARY HEALTH CERTIFICATE
EXPORT OF HORSE SEMEN (FRESH OR FROZEN) TO NEW ZEALAND

Part 1 : Details of dispatched consignment

1.1 Consignor (Exporter): **Name:** **Address:**	**1.2. Certificate Reference Number:** **1.3. Central Competent Authority:** **CANADIAN FOOD INSPECTION AGENCY (CFIA)**
1.4 Consignee (Importer): **Name:** **Address:**	
1.5 Country of origin: **CANADA** **ISO Code:** **CAN**	**1.6. Zone or compartment of origin:**
1.7 Country of destination: **ISO Code:** **NZL**	**1.8. Zone or compartment of destination:**
1.9 Place of origin: **Name of semen collection centre:** **Address:**	
1.10 Place of shipment:	**1.11 Date of departure:**
1.12 Means of transport: **Aeroplane** ☐ **Ship** ☐ **Identification:**	**1.13 Expected border post:** **1.14 CITES permit No.(s):**
1.15 Description of commodity:	**1.16 Commodity code (HS code)** **051199** **1.17 Total number of straws:**
1.18 Temperature of commodities for transport:	**1.19 Total number of containers:**
1.20 Identificationof container/seal number:	**1.21 Type of packaging:**
1.22 Commodities intended for use as: ☐ **Artificial reproduction** ☐ **Other**	

1.23 Identification of commodities: Species (Scientific name): Horse (*Equidae*)

Name of the Semen Collection Centre	Approval Number	Straw/Ampoules Identification	Number of Straws/ Ampoules

CANADA	Certificate reference number:

Part 2: Specific Requirements

I, …….., the undersigned Official Veterinarian, certify that the semen described in this consignment satisfies the following requirements:

GENERAL REQUIREMENTS

Semen Eligibility

1. The semen is from equids.
2. The semen is fresh-chilled or frozen (delete as appropriate) and is not genetically modified.

Diagnostic testing, vaccination and treatment

3. All required laboratory testing were conducted at a laboratory approved to conduct export testing by the Canadian Food Inspection Agency and laboratry results have been entered into the table under Part 3: Details of Donor Animals and Lab Testing in this health certificate and therefore are endorsed upon the signing of this certificate.
4. All products and vaccinations administered to meet specific disease requirements were administered according to the manufacturer's instruction in a country approved to export to New Zealand. Vaccinations were either the final dose of a primary vaccination course or the recommended booster to complement the primary course.

Semen collection centre requirements

5. Semen centre meets the conditions specified in the World Organisation for Animal Health (OIE) Code Chapter on General Hygiene in Semen Collection and Processing Centres.
6. The semen collection centre is:
   (i) Approved for export by the Canadian Food Inspection Agency
   (ii) Subjected to regular inspection, at least every 12 months, by an Official Veterinarian
   (iii) Under the supervision of a semen collection centre veterinarian approved by the Canadian Food Inspection Agency.
7. When donors were transferred from one approved semen collection centre to another approved centre of equal health status without isolation or testing, the following conditions were applied (delete if donors were not transferred):
   (i) Donors were examined by the approved semen collection centre veterinarian, and showed no clinical evidence of infectious disease transmissible in semen on the day of entry into the centre
   (ii) Transfer was direct
   (iii) Donors were protected from insect attack during transit
   (iv) Donors were not in direct or indirect contact with animals of lower health status
   (v) The means of transport used was disinfected before use.

Semen donor requirements

8. The semen donors were resident for at least 28 consecutive days at the semen collection centre prior to collection of the semen for export. During this time semen donors were not used for natural mating and were isolated from animals not of equivalent health status.
9. On the day of collection the semen centre veterinarian ensured by clinical examination including that of the external reproductive organs that the donor was free from clinical evidence of infectious diseases transmissible in semen.

Semen collection, processing, storage and transport

10. Semen was collected and processed in accordance with the current recommendations of the OIE Code.
11. None of the cryogenic or cooling agent has been previously used in association with any other product of animal origin.
12. Semen is in straws, ampoules, pellets, or new or disinfected containers which are sealed and tamper-evident, and clearly and permanently marked to identify the donor and the date(s) of collection. If a code is used for this information, its decipher accompanies the consignment. The marking is in accordance with the OIE Code. Semen was only stored with semen/embryos that were collected and processed in accordance with the Code. The containers were held until export in a CFIA approved storage facility.
13. Semen was stored in the same container only with semen from donors of equivalent health status.
14. Semen was placed in a transport container that is new or disinfected and free of contamination.

    Disinfectant (active chemical) and date (delete and initial if the container was new):

    _____

15. The transport container was sealed by either the semen collection centre veterinarian or an Official Veterinarian, using tamper-evident seals.
    Seal number:_____

16. The semen was transferred from one transport container to another (delete if not applicable).
    Date of transfer_____
    Reason for transfer_____
    Centre name_____
    Veterinarian (name and signature):_____

17. The semen in this consignment originates from _____ (insert name of country of origin), which is approved to export equine semen to New Zealand, and is accompanied by:
    (i) a declaration from the Canadian Food Inspection Agency that links the semen to the semen being exported and confirms that the semen has been stored as per New Zealand requirements at a facility approved by the Canadian Food Inspection Agency; and either
       a. a veterinary certificate, certified by the Competent Authority of _____(insert name of country of origin) as meeting New Zealand's requirements; or
       b. a letter from Competent Authority of _____(insert name of country of origin) indicates that the semen meets New Zealand's requirements.

    (delete as appropriate and initial)

CANADA	Certificate reference number:

SPECIFIC REQUIREMENTS FOR IDENTIFIED RISK ORGANISMS

18. **Equine herpesvirus-1 (EHV-1)** [abortigenic and paralytic forms]
Donor animals were kept for the 21 days prior to collection in an establishment where no case of EHV-1 (abortigenic and paralytic forms) was reported during that period; and they showed no clinical signs of EHV-1 infection on the day of collection and during the 21 days prior to collection.

19. **Equine infectious anaemia (EIA)**
Donors showed no clinical sign of EIA on the day of each collection; and
(i) Donors were kept on premises where no case of EIA has been reported during the 90 days prior to each collection; and
(ii) Donors were subjected to the agar gel immunodiffusion (AGID) test or competitive-ELISA for EIA, not less than 21 days after entry into the collection centre with a negative result.

20. **Equine viral arteritis (EVA)** (delete as applicable)
Donors were kept in an establishment where no equid has shown any clinical sign of EVA for the 28 days immediately prior to semen collection and showed no clinical sign of EVA on the day of semen collection; and

(i) Were subjected between 6 and 9 months of age to a serum neutralisation (SN) test for EVA, with either (delete as applicable)
a. A negative result, or
b. A positive result, followed at least 14 days later by a second test that showed a stable or decreasing titre;

and were subsequently vaccinated against EVA and regularly vaccinated according to the recommendations of the manufacturer;
Vaccine name:_____
Vaccination date:_____

OR
(ii) Were isolated and not earlier than seven days after commencing isolation, were subjected to a SN test for EVA with negative results, vaccinated for EVA, kept for 21 days following vaccination separated from other equids not of equivalent health status and regularly revaccinated according to the recommendations of the manufacturer;
Vaccine name:_____
Vaccination date: _____
OR
(iii) Were subjected to a SN test for EVA with negative results within 14 days prior to semen collection, and had been separated from other equids not of equivalent health status for 14 days prior to blood sampling until the end of semen collection;

OR
(iv) Have been subjected to a SN test for EVA with positive results and then either
a. Were subsequently test mated to two mares within 6 months prior to semen collection, which were subjected to two SN tests for EVA with negative results on blood samples collected at the time of test mating and again 28 days after test mating; or
b. Were subjected to Virus Isolation test for EVA, with negative results, carried out on semen collected within 6 months prior to collection of the semen to be exported; or
c. Were subjected to Virus Isolation test for EVA, with negative results, carried out on semen collected within six months after the blood sample was collected then immediately vaccinated, and revaccinated regularly;
Vaccine name:_____
Vaccination date:_____
OR
(v) For frozen semen, donors were subjected with negative results to either
a. A SN test for EVA carried out on a blood sample taken not earlier than 14 days and not later than 12 months after the collection of the semen for export; or
b. A Virus Isolation test for EVA carried out on an aliquot of the semen collected immediately prior to processing or on an aliquot of semen collected within 14 to 30 days after the first collection of the semen to be exported.

21. **Leptospirosis**
Antibiotics effective against Leptospires were added to collection, processing, washing and storage media.
Name of antibiotics:_____
Concentration of antibiotics:_____

22. **Taylorella spp. (Contagious equine metritis, CEM)**
(i) Donors were from a country imposing control measures for CEM as described in the OIE Manual, or otherwise approved by the Ministry of Primary Industries of New Zealand, and
a. Have had no direct or indirect contact with CEM during the two months prior to collection; and
a.i) Showed no clinical sign of CEM on the day of each collection; and
a.ii) Have been tested by swabbing* and culture or qPCR, with negative results twice with a 4-7 day interval during the 30 days prior to the collection period; and
a. iii) Have been protected against any possibility of contagion since the beginning of the tests; and
a. iv) Have not been treated with antibiotics for at least 7 days before commencing the testing and throughout the sample collection period.

OR
(ii) Donors have previously shown signs of CEM or have been in direct or indirect contact with CEM during the two months prior to collection; and
a. Were treated for CEM; and
b. After treatment, were subjected to culture or qPCR test using three swabs taken at 7-day interval with negative results followed by testing of the first three mares mated or inseminated by the stallion with negative results; and
c. Have been protected against any possibility of contagion since the beginning of the tests.

(*Swabbing sites are the prepuce, the urethral sinus and the fossa glandis (including its diverticulum)
Note: Since both Taylorella equigenitalis and Taylorella equigenitalis have the same culture requirements, a negative test for Taylorella equigenitalis is sufficient to declare the animal free of Taylorella asinigenitalis as well.

CANADA	**Certificate reference number:**

SEMEN COLLECTION CENTRE VETERINARIAN

Name (in capital letters): _____

Address: _____

_____

Date: _____

Signature: _____

OFFICIAL VETERINARIAN

Name (in capital letters): _____

Address: _____

Date: _____

Signature: _____

Official stamp:

REFERENCE NUMBER: _____

PART 3: DETAILS OF DONOR ANIMALS AND LAB TESTING: The animals described below were found negative to the tests mentioned to the dates shown**.**

ANIMAL INFORMATION						
Donor Identification	**Breed**	**Registeration Number (if applicable)**	**Date of Birth**	**Country of Birth**	**Date of Entry to Centre**	**Collection Date(s)**

DATE OF NEGATIVE TEST RESULTS					
Donor Identification	**EIA (AGID or c-ELISA)***	**EVA (SN or ISO test)***	**EVA (Vaccination Dates)**	**CEM (*T. equigenitalis* / *T. asinigenitalis*) (Culture)**	
				Date 1	**Date 2**

*** Delete as appropriate**

Date _____ Signature of Authorized Centre Veterinarian _____ Authorized Centre Veterinarian (Printed) _____

Date _____ Signature of Official Veterinarian _____ Name and Address of Official Veterinarian (Printed) _____

Canadian Food Inspection Agency
Government of Canada

Official Export Stamp