Name and Address of Exporter AUSTRALIA	**Name and Address of Importer** PHILIPPINES
	Import Permit №

Description of Animal Reproductive Material

Number	Kind (Species and type; eg bovine semen)	Condition (Fresh/Frozen)	Identification (straw numbers, packing list)
	BOVINE SEMEN	**FROZEN STRAWS**	**SEE ATTACHED**

I, Dr ………, an approved ….. (Name of SCC) SCC's Veterinarian, declare that the goods described in the following pages have complied with the importing country requirements.

_____   _____

Signature (pdf. doc only)   **Date**

1. ~~Australia is officially free from Foot and Mouth Disease (FMD), Rinderpest and Contagious Bovine Pleuropneumonia;~~

2. During the six months prior to semen collection, no clinical cases of Q Fever, Enzootic Bovine Leucosis(EBL), Infectious Bovine Rhinotracheitis (IBR), Anthrax, Leptospirosis, Babesiosis, Trichomoniasis and Bluetongue have been diagnosed in the farm of origin of the donor males;

3. The herd of origin of the donor bulls originates from accredited farm/farms classified tested negative, monitored negative or confirmed free of the status for Brucellosis and Tuberculosis;

4. That the donor animals originate from premises of origin which has been free of Johne's disease for the last five years;

5. The donor bulls come from farms with no diagnosed case of Campylobacteriosis in the preceding three years prior to export;

6. The donor bulls were clinically healthy on the day of collection;

7. The donor bulls were negative to the following tests within thirty (30) days prior to or after collection of semen:

   a. Johne's Disease: ELISA test

   b. EBL: Agar Gel Immunodiffusion test (AGID) / ELISA test

   c. Bluetongue: ELISA/PCR/Virus Isolation

~~Prior to export, the container in which the semen is to be transported, was sealed using an Official Seal bearing the marks:~~

ATTACHMENT TO VETERINARY HEALTH CERTIFICATE ~~RME 00XXXX~~ **- DONOR SCHEDULE**

Donor Bull ID Donor Reg No	Breed	Collection Date	Batch No	Number of Straws	JD Test Date ELISA/CFT	EBL Test Date ELISA/AGID	BT Test Date ELISA/AGID	Lab Ref No

Signature (pdf. doc only)   **Date**