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| --- | --- |
| Name and Address of Exporter | **Name and Address of Importer** |
| AUSTRALIA |  PHILIPPINES |
| Import Permit No |   |
| Description of Animal Reproductive Material |
| Number | Kind (Species and type; eg bovine semen) | Condition (Fresh/Frozen) | Identification (straw numbers, packing list) |
|  |  |  |  |
|  | **BOVINE EMBRYO** | **FROZEN STRAWS** | **SEE ATTACHED** |
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| I, Dr ……, an approved ….. Embryo Team Veterinarian declare that the goods described in the following pages have complied with the importing country requirements.  |
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|  |  |  |  |
| **Signature (pdf. doc only)** |  | **Date**  |  |
|  |  |  |  |
| 1. Australia is free from Foot and Mouth Disease (FMD), Rinderpest and Contagious Bovine Pleuropneumonia.
2. During the six (6) months prior to embryo 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 female and donor bulls.
3. The herd of origin of the donor females and donor bulls originate from accredited farm/farms tested negative, monitored negative or confirmed free of the status for Brucellosis and Tuberculosis.
4. That the donor females originate from premises of origin which has been free of Johnes Disease for the last five years.
5. The donor females come from farms with no diagnosed case of Campylobacteriosis in the preceding three years prior to export.
6. The embryos were collected from donor females that showed no clinical signs of contagious disease on the date of embryos collection.
7. The embryos were washed at least 10 times with each progressive washing diluted 1:100 according to procedures recommended by the OIE.
8. The embryos were examined microscopically and only embryos with intact zona pellucida are in this shipment.
9. The indelible markings on the ampoules or straws identify the embryos recording to the key shown on this health certificate
10. The donor female was negative to the following tests within thirty (30) days prior to or after collection of embryos

a. Johnes Disease: ELISA b. EBL: ELISA c. Bluetongue: ELISAPrior to export, the container in which the semen is to be transported, was sealed using an Official Seal bearing the marks: **XXXXXX** |

**Donor Schedule**

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| **Female Donor ID** | **Male Donor ID** | **Straw ID / Code**  | **Number of Embryos** |  **Number of Straws** | **Date of Collection** |
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| **Signature (pdf. doc only)** |  | **Date**  |