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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 SEMEN** | **FROZEN STRAWS** | | | **SEE ATTACHED** |
|  |  |  | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | |
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| **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: 8. Johne’s Disease: ELISA test 9. EBL: Agar Gel Immunodiffusion test (AGID) / ELISA test 10. 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**

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