

PVP Certificate Number:

PRIVATE VETERINARY PRACTITIONER SUPPORT
SLAUGHTERING CERTIFICATE FOR
EXPORT OF MALE CATTLE TO ALGERIA

Place of origin name and address:

Herd Number of place of origin: _____

I, the undersigned veterinarian, hereby certify in relation to the animals detailed in the attached continuation sheet(s), and the herd of origin referenced above:

1. The animals have been subjected to a preventative treatment against internal and external parasites
 - a. Name of product(s)
 - b. on.....(date)¹.
 - c. Meat withdrawal period.....
2. No outbreak of legally notifiable contagious disease has appeared over the past 6 months in the herd of origin².
3. No clinical case of Paratuberculosis has been recorded in the last five years².
4. No clinical case of IBR/IPV was officially declared in the last 12 months².
5. No clinical case of BVD/MD was observed in the last 12 months².

Signed: _____ Date³: _____

Veterinary Surgeon

Name in block letters: _____

Practice Stamp:

¹ Where the anti-parasitic treatment is certified, the treatment date must be such that the animals are protected against re-infection during the journey and should ensure that any meat withdrawal period has elapsed prior to the scheduled date of arrival at destination.

² The PVP has an obligation to notify DAFM when the certificate is no longer valid, for instance where BVD is subsequently diagnosed on farm.

³ **The certificate should be signed no earlier than 48 hours before intended departure from the farm.**

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[illegible]