

Certificate Number:

**PRIVATE VETERINARY PRACTITIONER SUPPORT CERTIFICATE FOR EXPORT
OF CATTLE FOR BREEDING PURPOSES 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).
- c. Meat withdrawal period _____

2. The animals were isolated and subjected to a serological test (Elisa gE) for IBR which proved negative. Then the animals were vaccinated with a deleted inactivated vaccine and underwent a second ELISA test for glycoprotein gE, 21 days after vaccination with a negative result.

Name of deleted inactivated IBR vaccine: _____

Date of vaccination: _____

Date of second blood test: _____

3. The animals reacted negatively to a comparative tuberculin test carried out on _____ which is more than 3 days and less than 60 days prior to departure.

4. No outbreak of legally notifiable contagious disease has appeared over the past 6 months in the herd of origin.

5. No clinical case of Paratuberculosis has been recorded in the last five years.

6. No clinical case of IBR/IPV was officially declared in the last 12 months.

7. No clinical case of BVD/MD was observed in the last 12 months.

8. No case of Bovine Vibriosis or Bovine Trichomonosis was recorded during the course of the last six (6) months
or

~~The culture of vaginal mucus taken from heifers that had been mated gave negative results~~

Signed: _____ Date: _____

Veterinary Surgeon

Name in block letters: _____

Practice Stamp:

Certificate Number:

[illegible]