

Certificate Number:

**PRIVATE VETERINARY PRACTITIONER SUPPORT**  
**CERTIFICATE FOR EXPORT OF MALE CATTLE FOR**  
**FURTHER FEEDING 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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Veterinary Surgeon

Name in block letters: \_\_\_\_\_

Practice Stamp:

