

Veterinary Health Certificate for Export of Cattle from the United States of America to Ethiopia		
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	
1. Consignor:		2. Consignee:
3. Country Of Origin: USA		4. State Of Origin:
5. Country Of Destination: Ethiopia		6. Zone Of Destination: *****
7. Place Of Origin:		8. Port Of Embarkation / Border Crossing:
9. Estimated Date Of Shipment:		10. Means Of Transport:
11. ***** *****		12. CITES Permit Number: *****
13. Description Of Commodity: Cattle		14. Date Of Inspection:
15. Total Quantity:		16. Additional Information:
17. Total Number Of Packages/Containers:		
18. Identification / Seal Numbers:		
19. Commodities Intended Use:		20. Type Of Admission:
21. Identification Of Commodities: (See next page) ***** ***** *****		

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Cattle from the United States of America to Ethiopia



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Certificate Number

21. Identification Of Commodities: Continued

Species Scientific Name	Breed	Official Identification	Sex	Age	Additional Identification

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Certification Statements:

I, the undersigned USDA accredited veterinarian, certify that the consignment described above complies with to the following health requirements:

1. The animals for export were inspected by a USDA accredited veterinarian within 30 days of export and found to be free from clinical signs of bovine tuberculosis, brucellosis, bovine viral diarrhea-mucosa disease (BVD-MD), trichomoniasis, infectious bovine rhinotracheitis (IBR), and Campylobacter fetus, and any other notifiable infectious or contagious diseases.

2. To the best of my knowledge, the animals for export have not been exposed to any notifiable infectious or contagious disease and have shown no evidence of contact with infected animals, during the sixty (60) days prior to export.

3. The animals were isolated for at least 21 days prior to export in a facility approved by the USDA accredited veterinarian.

Start Date of Isolation: _____

4. For breeding cattle for export, either:

☐ This shipment does not include breeding cattle; OR

☐ Previously mated females were tested negative for Tritrichomonas foetus (bovine trichomoniasis) and Campylobacter fetus (campylobacteriosis).

Date of Trichomoniasis Test (if required): _____

Date of Campylobacteriosis Test (if required): _____

Campylobacteriosis Test Method (either vaginal mucus culture or PCR): _____

NOTE: Testing is not required for virgin heifers; OR

☐ Males previously used for natural service were tested negative for Tritrichomonas foetus (bovine trichomoniasis) and Campylobacter fetus (campylobacteriosis) on culture or PCR of cultured preputial material or semen.

Test Method Used: _____

Test Date(s): _____

NOTE: Virgin bulls (those that have never been used for natural service) or those that have only mated virgin heifers are not required to be tested as long as they originate from herds free of clinical cases of trichomoniasis and campylobacteriosis.

This certificate is valid for fourteen (14) days from the date of issue to the date of export.

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Date Of Issue

Certificate Number

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date