

**Veterinary Health Certificate for Export of  
Bovine Semen from the United States of America to Namibia**



**Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue**

**Certificate Number**

**1. Consignor:**

**2. Consignee:**

**3. Country Of Origin:**

USA

**4. State Of Origin:**

**5. Country Of Destination:**

Namibia

**6. Zone Of Destination:**

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**7. Place Of Origin:**

**8. Port Of Embarkation / Border Crossing:**

**9. Estimated Date Of Shipment:**

**10. Means Of Transport:**

11. \*\*\*\*\*  
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12. CITES Permit Number:  
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**13. Description Of Commodity:**

Bovine Semen

**14. Date Of Inspection:**

**15. Total Quantity:**

**16. Additional Information:**

**17. Total Number Of Packages/Containers:**

**18. Identification / Seal Numbers:**

**19. Commodities Intended Use:**

N/A

**20. Type Of Admission:**

**21. Identification Of Commodities:**

(See next page)

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**21. Identification Of Commodities: Continued**

| Registered<br>name | Identification<br>number | Bree<br>d | Age or Date of<br>Birth | Collection date | Collection<br>code | Number of<br>straws |
|--------------------|--------------------------|-----------|-------------------------|-----------------|--------------------|---------------------|
|                    |                          |           |                         |                 |                    |                     |
|                    |                          |           |                         |                 |                    |                     |
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**Additional Field(s):**

|                                                                                               |  |
|-----------------------------------------------------------------------------------------------|--|
| <b>MAWLR Namibian Veterinary Import Permit Number:</b>                                        |  |
| <b>Date of Import Permit Issue:</b>                                                           |  |
| <b>Expiry Date of Import Permit:</b>                                                          |  |
| <b>Name and Address of Semen Collection Center approved by USDA Accredited Veterinarian::</b> |  |

**Certification Statements:**

I, the undersigned USDA Accredited Veterinarian, certify to the following statements.

1. The United States is free of contagious bovine pleuropneumonia, foot and mouth disease, lumpy skin disease, and Rift Valley fever, without vaccination.
2. The semen collection center has been free of clinical cases of brucellosis and tuberculosis during the thirty (30) days prior to commencement, until conclusion of, semen collection for export.
3. The semen collection center has been free of clinical cases of campylobacteriosis, trichomoniasis, and leptospirosis during the thirty (30) days prior to commencement, until conclusion of, semen collection for export.
4. There have been no confirmed cases of vesicular stomatitis reported within a 20 km radius of the semen collection center for the 12 months prior to collection of the semen for export; OR the donor animals were tested negative prior to collection of the semen for export.
5. Donor animals:
  - a. were continuous residents in the United States either for a minimum of sixty (60) days immediately preceding collection of the semen for export or have been resident since birth.
  - b. were identified by a permanent identification system recognized by the USDA.
  - c. were not resident in any establishment that is subject to quarantine restrictions due to diagnosed diseases which affect cattle, for at least the 90 days before the first semen collection for this consignment through completion of the testing of the donors.
  - d. on the day(s) of collection the donors were healthy and free of clinical signs of infectious diseases transmissible in semen, including listeriosis, bovine viral diarrhea/mucosal disease, Johne's disease, infectious bovine rhinotracheitis/infectious pustular vulvo-vaginitis, enzootic bovine leukosis, and pyogenic infections.
  - e. completed a 30 day pre-entry isolation prior to entering the semen collection center, and have been isolated from animals not of equivalent health and not used for natural mating, since arriving at the semen collection center.

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6. The semen for export:

- a. was collected at an approved semen collection center which is under the control and supervision of a USDA Accredited Veterinarian, to ensure that standards as recommended in the WOAHA Terrestrial Animal Health Code, or the "CSS Minimum Requirements for Disease Control of Semen Produced for AI" are complied with.
- b. is sealed in straws or vials that are clearly and permanently marked to identify the donor and the date(s) of collection.
- c. were frozen in fresh liquid nitrogen or liquid nitrogen vapor, and then stored in cleaned and disinfected tanks or new containers, under strict hygienic conditions.
- d. will be shipped in cryogenic containers sealed by a USDA Accredited Veterinarian, prior to shipment.
- e. Donor animals completed a 30 day pre-entry isolation prior to entering the semen collection center, and have been isolated from animals not of equivalent health and not used for natural mating, since arriving at the semen collection center

**TEST REQUIREMENTS:**

Each donor animal was test negative for the following diseases in a laboratory acceptable to APHIS, as noted on the attached test chart:

1. Tuberculosis: Intradermal test using bovine PPD tuberculin OR other test accepted by USDA, within the twelve (12) months preceding collection.

NOTE: Testing is not required of bulls that originate from herds that are Accredited Free of tuberculosis.

2. Brucellosis: Buffered Brucella antigen test (BBAT) OR Complement fixation test OR indirect enzyme-linked immunosorbent assay (iELISA) OR fluorescent polarization assay (FPA) test, within six (6) months immediately preceding the collection of the semen intended for export.

NOTE: Testing is not required of bulls that originate from herds that are Certified Free of brucellosis.

3. Campylobacteriosis: Negative PCR OR culture test of preputial material collected during the six (6) months immediately preceding the date of collection.

NOTE: Testing is not required of bulls that have never been used for natural breeding.

4. Trichomoniasis: A single PCR OR subjected to a direct microscopic and cultural examination of preputial specimens with negative results during the six (6) months immediately preceding the date of collection.

NOTE: Testing is not required of bulls that have never been used for natural breeding.

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**Certification Statements:**

5. Leptospirosis: Tested for *L. canicola*, *L. grippotyphosa*, *L. hardjo*, *L. pomona*, and *L. icterohaemorrhagiae* within six (6) months preceding the day of collection.

6. Johne's Disease (paratuberculosis): Either have been tested using fecal culture OR ELISA OR PCR within the twelve (12) months preceding collection; OR culture test of 1 ml of each ejaculate of semen for export.

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**TEST TABLE**

| Donor Bull<br>Identification | Collection<br>Code | Tuberculosis<br>Test Type &<br>Date | Brucellosis<br>Test Type &<br>Date | Campylobacteri-<br>osis<br>Test Type &<br>Date | Trichimonia<br>sis<br>Test Type &<br>Date | Leptospiros-<br>is<br>Test Type &<br>Date | Johne's<br>disease<br>Test Type &<br>Date |
|------------------------------|--------------------|-------------------------------------|------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
|                              |                    |                                     |                                    |                                                |                                           |                                           |                                           |
|                              |                    |                                     |                                    |                                                |                                           |                                           |                                           |
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|                              |                    |                                     |                                    |                                                |                                           |                                           |                                           |
|                              |                    |                                     |                                    |                                                |                                           |                                           |                                           |

**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**