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

# Veterinary Health Certificate for Export of Birds from the United States of America to the Republic of Mauritius



## Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

## Date Of Issue

## Certificate Number

### 21. Identification Of Commodities: Continued

| Species (Scientific Name) | Common Name | Quantity | Age | Sex | Identification (leg rings or microchip) |
|---------------------------|-------------|----------|-----|-----|-----------------------------------------|
|                           |             |          |     |     |                                         |
|                           |             |          |     |     |                                         |
|                           |             |          |     |     |                                         |
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**Veterinary Health Certificate for Export of Birds from the United States of America to the Republic of Mauritius****Veterinary Authority**

UNITED STATES DEPARTMENT OF AGRICULTURE

**Date Of Issue****Certificate Number****Additional Field(s):****Veterinary Import Permit Number issued by the Division of Veterinary Services (DVS):****Import Permit Issue Date:****Certification Statements:**

I, the undersigned USDA Accredited Veterinarian, certify that the live animals described above meet the following conditions:

1. The birds originate from an establishment in which no communicable avian diseases were reported for at least 3 months prior to shipment, including avian polyomavirus (APV), psittacine herpesvirus (PsHV), avipoxvirus, avian adenoviruses, avian mycoplasmosis (*Mycoplasma gallisepticum*), avian trichomonosis, avian tuberculosis (avian mycobacteriosis) and avian chlamydiosis (AC).

2. The birds were isolated for a minimum of twenty-eight (28) days prior to export, separated from animals to prevent any contact with other birds not complying with the same health requirements as described herein during this period, and continued through the time of export, and showed no clinical signs of infectious or contagious diseases.

State Date of Isolation: \_\_\_\_\_

**3. Avian Influenza:**

a. The birds originate from a compartment or 10 km zone where highly pathogenic avian influenza was not reported in poultry, as defined by the World Organization for Animal Health (WOAH) Terrestrial Animal Health Code, for twenty-eight (28) days prior to export.

b. The birds for export have not been vaccinated against avian influenza.

c. A statistically appropriate sample of the birds for export were subjected to a PCR test for avian influenza within 14 days prior to export, with negative results.

Date of Test: \_\_\_\_\_

**4. Newcastle disease:**

a. The birds originate from a compartment or 10 km zone which has been free from Newcastle disease in poultry, as defined by the WOAH Terrestrial Animal Health Code, for twenty-eight (28) days prior to export.

b. A statistically appropriate sample of the birds, selected in accordance with WOAH Terrestrial Animal Health Code, were subjected to a diagnostic test for Newcastle disease within 14 days prior to export, with negative results.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

5. Psittacine Beak and Feather disease (PBFD): The psittacine birds for export were subjected to PCR test for PBFD within fourteen (14) days of export, with negative results.

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**Certification Statements:**

Date of Test: \_\_\_\_\_

6. West Nile Virus (WNV): The birds were subjected to an agent identification test for WNV in accordance with the WOAHA Terrestrial Manual, with negative results, carried out on a sample collected at least three (3) days after the commencement of the pre-export isolation period.

Test Method: \_\_\_\_\_

Date of Test: \_\_\_\_\_

**7. Chlamydiosis:**

[O] The birds were subjected to ELISA testing within first seven (7) days of the pre-export isolation for antibodies to chlamydiosis and tested again using PCR test within seven (7) days of export, both with negative results.

Date of First Test (ELISA): \_\_\_\_\_

Date of Second Test (PCR): \_\_\_\_\_

[O] The birds for export were kept under the supervision of a USDA accredited veterinarian for at least forty-five (45) days prior to export and were treated against avian chlamydiosis using approved effective antibiotics.

Name of Antibiotic Administered: \_\_\_\_\_

**8. Infectious Bursal Disease (IBD):**

[O] The birds for export were vaccinated against infectious bursal disease.

Nature of Vaccination: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

[O] The birds for export come from an establishment free from infectious bursal disease as demonstrated by the agar gel precipitation (AGP) test.

Date of Test: \_\_\_\_\_

9. The birds have been clinically examined within 7 days before export and did not have clinical signs of WOAHA listed diseases relevant for the species, including highly pathogenic avian influenza, chlamydiosis, infectious bursal disease (Gumboro disease), Newcastle disease (ND), and psittacine beak and feather disease (PBFD).

10. The birds have been treated for internal and external parasites within 7 days before export.

Name of Internal Parasite Treatment: \_\_\_\_\_

Name of External Parasite Treatment: \_\_\_\_\_

Date(s) of Treatment: \_\_\_\_\_

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UNITED STATES DEPARTMENT OF AGRICULTURE

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**Additional Field(s):**  
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**Certification Statements:**

11. The birds are individually identified by means of closed leg rings or microchips, as noted in Box 21.

12. The birds will be transported in new or appropriately cleaned and disinfected containers, with a disinfectant officially approved for use in the United States, and are constructed so that feces, litter or feed cannot escape during transportation.

This certificate is valid for seven (7) days from date of issuance to the date of export.

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**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**