

STATE OF ISRAEL  
MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT  
VETERINARY SERVICES AND ANIMAL HEALTH

**Model veterinary certificate to accompany fresh frozen hides and skins to Israel**

Exporting country: \_\_\_\_\_  
Responsible ministry: \_\_\_\_\_  
Certifying department: \_\_\_\_\_

**I. Identification**

Description of product and species of origin: \_\_\_\_\_

Nature of packaging: \_\_\_\_\_

Number of packages: \_\_\_\_\_ Net weight: \_\_\_\_\_

Freezing temperature: \_\_\_\_\_ degrees Celsius.

**II. Origin**

Name, address, and approval number of the producer: \_\_\_\_\_

**III. Destination**

The product will be sent

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Place of loading) (Country and place of destination)

By the following means of transport: \_\_\_\_\_  
(The flight number or the name of the ship)

Container(s) No(s): \_\_\_\_\_ Seal(s) No(s): \_\_\_\_\_

Name and address of consignor: \_\_\_\_\_

Name and address of consignee: \_\_\_\_\_

**IV. Declaration**

I, the undersigned official veterinarian hereby certify that:

1. The producer is an establishment which is approved by the State Veterinary Services for the local market as well as for export to Israel and supervised by an official or accredited veterinarian;
2. The products described above have been derived from animals<sup>(1)</sup> / fetuses which were recovered from animals<sup>(1)</sup> which:
  - a. Originated in areas (30 km radius) free of all diseases transmissible by the certified product (specific to the species) included in the List A of the OIE Code, and from establishments which are not placed under quarantine on account of anthrax control.
  - b. Showed no sign of anthrax during ante-mortem and post-mortem inspections.
  - c. Have been slaughtered in an approved slaughterhouse and submitted an ante- and post-mortem inspection by an authorized veterinarian, and their meat has been declared fit for human consumption;
  - d. Have been washed and deep frozen at the plant of origin immediately after slaughtering.
3. The products described above have undergone all precautions to avoid recontamination with pathogenic agents.

<sup>(1)</sup>Delete as appropriate.

Date: \_\_\_\_\_ Full name and title of the official veterinarian

Office: \_\_\_\_\_ Signature