

Health Certificate No. _____
(Valid Only if the USDA Veterinary
Seal Appears Over the Certificate #)

**SANITARY CERTIFICATE FOR CHEESE AND BUTTER FROM APPROVED COUNTRIES
WHICH ARE FREE FROM FOOT AND MOUTH DISEASE**

Exporting country: _____

Ministry of: _____

Province, district, etc.: _____

I. Identification of consignment

Name and address of manufacturing establishment:

Registration Number of manufacturing establishment: _____

Type of product: _____

Number of packages: _____

Net weight: _____

II. Origin of the milk contained in the dairy product to which this certification applies

The milk or the milk from which this dairy product is made originated in:

_____ (country/zone)

The cheese or butter was processed and packaged in:

_____ (country/zone)

III. Destination of the cheese or butter

The cheese or butter is being sent from:

to:

Nature and identification of means of transport:

Name and address of exporter:

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Name and address of consignee:

IV. Attestation of Animal Health

Note: It is essential that either Part A or Part B be signed by the *Official Veterinarian*.
An endorsed manufacturer's statement must be attached.

A. Product not heat treated

The undersigned *Official Veterinarian* certifies that:

- (i) The milk or the milk from which the cheese or butter was made originated from a country/zone recognized by Office International des Epizooties (OIE) as foot and mouth disease-free (with or without vaccination).
- (ii) The milk or the milk from which the cheese or butter was made originated from a country which meets the OIE requirements for freedom from rinderpest in accordance with Code Article 2.1.4.2.
- (iii) The animals were clinically healthy at the time the milk was obtained.
- (iv) The products were processed in a foot and mouth disease free country/zone.
- (v) I have read and endorsed the attached manufacturer's statement and have no reason to doubt the truth of the statement.
- (vi) The packaging or immediate container of products were stamped with the date of manufacture.

Official Stamp:

Issued at: _____ *on* _____

Name and address of Veterinarian

Signature _____

Note: Product carrying Attestation Part A must be accompanied by a manufacturer's certificate

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that must include either *III Treatments (a)* or *(b)* of the attached format:

B. Product heat treated

The undersigned Official Veterinarian certifies that:

- (i) The milk or the milk from which the cheese or butter was made originated from a country/zone recognized by the Office International des Epizooties (OIE) as foot and mouth disease-free (with or without vaccination).
- (ii) The animals were clinically healthy at the time the milk was obtained.
- (iii) The products were processed in a foot and mouth disease-free country/zone.
- (iv) I have read and endorsed the attached manufacturer's statement and have no reason to doubt the truth of the statement.
- (v) The packaging or immediate container of products were stamped with the date of manufacture.

Official Stamp:

Issued at: _____ *on* _____

Name and address of Veterinarian

Signature _____

Note: Product carrying Attestation Part B must be accompanied by a manufacturer's certificate that includes the heat treatment described in *III Treatments (a)* of the attached format:

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MANUFACTURER'S CERTIFICATE - for cheese and butter from approved countries which are free from foot and mouth disease

I. Manufacturer details

Name and address of manufacturing establishment:

Registration Number of manufacturing establishment: _____

II. Product

Description of product: _____

Origin of raw materials: _____

Date of manufacture as appears on the packaging or immediate container of the product:

III. Treatments*

EITHER

The milk or the milk from which the cheese or butter was made was heated to one of the following minimum temperature/times:

(a) 72EC for a minimum of 15 seconds, or the equivalent in terms of phosphatase destruction; or 135EC for a minimum of 1 second.

OR

(b) The milk or milk from which the cheese or butter was made was not heat treated as above.

* [Delete either (a) or (b)]

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Signed: _____

Name and address of Company employee:

Position within Company: _____

Date: _____

[Note: The Official Seal or Trademark of the Manufacturing Company must appear on each page.]

Company seal or trademark:

Signature of Official Veterinarian:

Date: _____

Printed name of Official Veterinarian: _____

Official stamp: