

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

**SANITARY CERTIFICATE FOR DAIRY PRODUCTS
(OTHER THAN CHEESE AND BUTTER),
OF OVINE/CAPRINE ORIGIN FROM APPROVED COUNTRIES**

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:

Type of package:

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 milk or the dairy product was processed and packaged in:

..... (country/zone)

III. Destination of the dairy product

The dairy product 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 dairy product 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 milk or the milk from which the dairy product was made originated from a country/zone which meets OIE requirements for freedom from sheep pox and goat pox.
- (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) The milk or milk from which the dairy product was made originated from a country/zone which meets OIE requirements for freedom from:

rinderpest (Code Article 2.1.4.2),
peste des petits ruminants (Code Article 2.1.5.2),
ovine brucellosis (Code Article 3.3.2.I),
maedi-visna (Code Article 3.3.5.I),
contagious agalactia (Code Article 3.3.3.I), and
contagious caprine pleuropneumonia (Code Article 3.3.6.2), [caprine products only].
- (vi) I have read and endorsed the attached manufacturer's statement and have no reason to doubt the truth of the statement.
- (vii) The packaging or immediate container of products were stamped with the date of manufacture.

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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 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 dairy product 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 milk or milk from which the dairy product was made originated from a country/zone which meets OIE requirements for freedom from sheep pox and goat pox.
- (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

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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:

MANUFACTURER'S CERTIFICATE - for dairy products (other than cheese and butter) of ovine/caprine origin from approved countries

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 Treatment*

EITHER

The milk or the milk from which the dairy product 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 the milk from which the dairy product was made was not heat treated as above.

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

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Signed: Date:

Position within Company:

Name and address of Company employee:

.....
.....

[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: