

**CERTIFICATE OF HEALTH**  
For Entry Into A Semen Production Centre

**Semen Production Centre (AI Centre) Information**

Name of Centre	Address
Species    Bovine	

**Owner Information**

Owner Name	Address
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**Animal Information**

<b>1</b>	Registered Name of Animal	On-farm Location	Breed
Tattoo	Registration Number.	Date of Birth	Approved Tag Number

**Declaration of Accredited Veterinarian**

I hereby certify that:

1. I have examined the animal described above and my observations are as follows:

No clinical evidence of infectious disease       No evidence of hereditary defects       Hereditary defects described as follows:

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2. Investigation of the herd of origin has revealed the following:

No clinical evidence of infectious disease       No recent history of infectious diseases or abnormal reproduction       History of abnormal reproduction described as follows:

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3. The animal has been subjected to tests for the diseases (checked) below, with results as recorded for the date of sample collection or reading of test interpretation, being within 60 days of entry date shown at item 6 below; or prior to movement to a semen production centre.

Disease <b>**To be done upon request of A.I. Centre</b>	Result <b>P = Positive; N = Negative</b>	YYYY/MM/DD	Disease	Result <b>P = Positive; N = Negative</b>	YYYY/MM/DD
<input type="checkbox"/> Tuberculosis	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Epizootic hemorrhagic disease	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Brucellosis	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Leucosis	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Leptospirosis	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Maedi-Visna	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Paratuberculosis	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Transmissible gastroenteritis	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Bluetongue	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Aujeszky's Disease	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Infectious bovine rhinotracheitis **	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Contagious arthritis/encephalitis	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Bovine viral diarrhoea IP	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Other <span style="color:red">Enter the disease name here</span>	<input type="radio"/> P <input type="radio"/> N	
<input type="checkbox"/> Bovine viral diarrhoea SN	<input type="radio"/> P <input type="radio"/> N		<input type="checkbox"/> Other <span style="color:red">Enter the disease name here</span>	<input type="radio"/> P <input type="radio"/> N	

4. In the case of bovines, **This section is not mandatory.**

the bull comes from a herd officially free of enzootic bovine leucosis (CHAH-EBL) or,

a supplementary declaration confirming that the uterine dam of the bull was serologically tested with negative results for EBL is attached.

5. The health status of the herd of origin is as follows:

A) in the case of bovines and cervidae       A herd of negative area status for tuberculosis       A herd of negative status for brucellosis

B) In the case of goats and sheep - a herd in which, insofar as I can determine, scrapie has not been diagnosed during the past 6 years and the animal described above is not the progeny of a sire or dam that was affected with scrapie

6. The animal described above

is eligible for entry into isolation at the above centre if presented for entry on or prior to YYYY MM DD

is moved directly from an isolation facility or semen production centre to another semen production centre without coming in contact with animals of a lesser health status.

Name of Accredited Veterinarian (Print in Block Letters)	Address
_____ Accredited Veterinarian Signature	_____ Date