



Republic of Namibia
MINISTRY OF AGRICULTURE, WATER AND FORESTRY

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DIRECTORATE OF VETERINARY SERVICES
Private Bag 12022
Windhoek
NAMIBIA

**HEALTH or ZOOSANITARY or VETERINARY CERTIFICATE FOR THE EXPORT OF BIRDS FROM
NAMIBIA INTO JAPAN**

(Issued in terms of the Animal Health Act No. 01 of 2011)

ISSUING AUTHORITY: NAMIBIAN DIRECTORATE OF VETERINARY SERVICES

COUNTRY OF ORIGIN: NAMIBIA

Japan Import Permit Number: Reference number:

A. Description

1. Number and Identification of the Animal (s)

Species/Breed	Number	Sex	Age	Distinctive marks

2. Origin of the Animals (s)

2.1 Name and address of consignor:

.....

3. Destination of the Animal (s)

3.1 Name and address of consignee:

.....

4. Name of vessel or flight number:

5. Place of boarding or loading:

6. Date of boarding or loading:

B. HEALTH ATTESTATION

Sanitary Information

I, _____, the undersigned official veterinarian, authorised thereto by the Chief Veterinary Officer of the Directorate of Veterinary Services of the Republic of Namibia, certify that the bird(s) described in **section A:**

1. Show (s) no clinical signs of West Nile fever, Highly Pathogenic Avian Influenza or Low Pathogenic Avian Influenza at the time of shipment.

2. Meet one of the following conditions:

- For bird (s) that has/have been raised since hatching, those that have been kept for the past 21 days or since hatching in a storage facility (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where Highly Pathogenic Avian Influenza or Low Pathogenic Avian Influenza has not been confirmed. (1)

OR

- Except for bird (s) that has/have been raised since hatching, those that have been kept for the past 21 days or since hatching in a quarantine facility (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health Labour and Welfare of Japan has designated as regions where Highly Pathogenic Avian Influenza or Low Pathogenic Avian Influenza has not been confirmed. (2)

Check the appropriate box

Done at (place):..... on date:.....

Signature of Official Veterinarian:.....

Official Veterinarian Name in Print:.....

