

**Additional Veterinary Health Certificate for Importation of Equines Into The
United States regarding Foot and Mouth – Disease preventive measures**

Veterinary Authority	Date Of Issue	Number of the main Health Certificate
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1. Consignor: Name Address Country	2. Consignee in the United States: Name Address Country
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3. Country Of Origin/ISO code:	4. State Of Origin:
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5. Premise/Farm Of Origin: Name Address	6. Port Of Embarkation/ Entry Point/ Border Port:
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7. Estimated Date Of Shipment:	8. Means Of Transport:
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9. Place of Destination:

10. Description: Registered Name/Breed/Color/Sex/Distinctive Markings:

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This is to certify that on _____ (date), the equine(s) identified above fulfill the following requirements:

1. Within the five (5) days immediately prior to export, the equine have not been on any premises or quarantined areas identified to be infected with FMD, nor been in direct or indirect contact with domestic or wild animals, including ruminants and swine, that have been in a FMD region or on an FMD affected or quarantined premises.
2. Immediately prior to export
 1. The equine(s) was/were groomed to remove dirt and debris, followed by being wiped, sprayed and/or sponged down with vinegar or a solution of 6.5 ounces of concentrated glacial acetic acid in one gallon of water or another APHIS approved disinfectant (insert name of product: _____) prior to use.
 2. The hooves were cleaned and free of dirt, manure, and debris, and then disinfected with a 4% sodium carbonate solution or another approved APHIS disinfectant (insert name of product: _____) prior to use.
 3. Any equipment (tack, blankets, sheets, leg wraps, etc.) accompanying the equine(s) was laundered or cleaned in order to remove dirt and debris prior to disinfection with a 4% sodium carbonate (soda ash) solution or another APHIS approved disinfectant (insert name of product: _____) prior to use.
3. Prior to loading the equine(s), all crates and transportation vehicles were cleaned and disinfected with a 4% sodium carbonate (soda ash) solution or another APHIS approved product (insert name of product: _____) prior to use.

Signature and stamp of the official veterinarian: _____

Date _____

List of APHIS approved disinfectant:

<https://www.aphis.usda.gov/animal-emergencies/disinfectants>