

Veterinary Health Certificate
for export tortoises of *Stigmochelys pardalis*, *Geochelone sulcata*, *Kinixys belliana*
or their sub-species to Taiwan
(Applicable to 4 or less tortoises)

Part I: Details of dispatched consignment

- 1.1 Exporter: _____
 Address: _____
- 1.2 Importer: _____
 Address: _____
- 1.3 Country of export: _____
- 1.4 Description of Animals:
 Total quantity: _____

| Identification number (microchip or other identification marks) | Location of identification marks | Scientific name | Common name | Age |
|---|-------------------------------------|-----------------|-------------|-----|
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Part II: Animal Health Information

- 2.1 The tortoises have been kept in exporting country since birth or for at least 1 year prior to the shipment.
- 2.2 The tortoises have been detained for pre-export quarantine on an approved isolated quarantine premise under the supervision of the animal quarantine authorities of the exporting country for at least 30 days prior to shipment.
 Date of quarantine period: from _____ to _____.
- 2.3 During the pre-export quarantine, the animals shall be subjected to examinations of salmonellae with negative results:
 Fecal samples collected from the tortoises are cultured by pre-enrichment media, enrichment media and salmonellae selective media for salmonellae isolation.
- 2.4 During the pre-export quarantine, the tortoises have been treated for internal and external parasites twice at an interval of at least 14 days with broad-spectrum parasiticide.
 Date of first treatment: _____ Date of second treatment: _____
 Medicine: _____ Dose: _____
- 2.5 The tortoises have been inspected and found clinically free from any communicable disease or external parasite and fit to travel by an official veterinarian of the animal quarantine authority of the exporting country within 2 days prior to shipment.

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|---|-------------------------|
| _____ Signature of Official Veterinarian | _____ Official Stamp |
| _____ Name of Official Veterinarian (in block letters) | _____ Date: |
| Authority of Issuance: _____ (full name in block letters) | |