



**COOPERATIVE REPUBLIC OF GUYANA  
MINISTRY OF AGRICULTURE  
GUYANA LIVESTOCK DEVELOPMENT AUTHORITY  
ANIMAL HEALTH UNIT  
(Animal Health Act, 2011)**



**PERMIT ID. WL/IHVC: 029/161014**

**Ph: 592-220-6556, 592-220-2864**

**Fax: 592-220-6557**

**E-mail: glda1910@gmail.**

## INTERNATIONAL VETERINARY HEALTH CERTIFICATE

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

**Part 1:**

- Name and Address of Government Authority: GUYANA LIVESTOCK DEVELOPMENT AUTHORITY,  
PLANTATION MON REPOS, TRACT GLDA,  
MON REPOS, EAST COAST DEMERARA, GUYANA
- Number of the issued CITES: .....
- HEALTH CERTIFICATE #

**I. IDENTIFICATION OF ANIMAL(S)**

Species / Breed	Number	Sex	Age	Distinctive Marks

**II : ORIGIN OF ANIMAL(S)**

Name and address of consignor :

Name:

Address

**III. DESTINATION OF ANIMAL(S)**

Name and address of consignee :

Name:

Address:

Name of vessel or flight number :

Place of boarding or loading :

Date of boarding or loading :

IV : SANITARY INFORMATION

1. The bird(s) show(s) no clinical signs of West Nile fever or highly pathogenic avian influenza at the time of shipment.

2. Meeting 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 establishment (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 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 establishment (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 has not been confirmed. (2)

Check the appropriate box

I, the undersigned, certify that the animal described above meets the requirements

\_\_\_\_\_  
(Signature of Official Veterinarian)

Date issued : \_\_\_\_\_

\_\_\_\_\_  
(Name and title of Official Veterinarian)

Ministry of Agriculture, Guyana livestock Development Authority

Guyana South, America

Official Stamp: