



NEW LETTER HEAD FORMAT

VETERINARY HEALTH CERTIFICATE

COUNTRY: MALAYSIA

Part I: Details of dispatched consignment	I.1. Consignor :				I.2. Certificate Reference Number : DVS/Exxxxxxxx		
	Name:				I.3. Veterinary Authority:		
	Address :				Department of Veterinary Services		
	I.4. Consignee: Name:						
	I.5. Country of Origin: (ISO code) :Malaysia (MY)				I.6. Country of Destination:(ISO code) : JAPAN (JP)		
	I.7. Zone or Compartment of Origin:						
	I.8. Place of Origin : Name: Address :						
	I.9. Place of Loading :				I.10. Date of Export :		
	I.11. Mode of Transport :				I.12. Entry Point :		
	Identification :				I.13. CITES Permit No(s) /:		
	I.14. Identification of Container / Seal Number :				I.15. Temperature of Product :		
	I.16. Type of packaging:				I.17. Commodities Intended for Use As:		
	I.18. Identification of commodities:						
	Species	Breed	Age	Sex	Identification Number	Identification system	Quantity
	Total:						

II.a.Certificate Reference Number :

Part II: Zoosanitary information

II.The undersigned Official Veterinarian certifies that the products described above satisfy(ies) the following requirements :

1. The bird(s) show(s) no clinical signs of West Nile fever, highly pathogenic avian influenza or low pathogenic avian influenza at the time of shipment.
2. 2.1 The bird(s) has/have been raised since hatching and been kept for 21 days in storage facility --
--name of bird captive facility----- prior to export (limited to those with preventive measures against the invasion of mosquitoes) in region 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.

2.2 The wild bird(s) mean(s) wild caught bird(s) and has/have been kept isolated for past 21 days or since hatching at the 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.

SAMPLE

Issued at :

Name of Official Veterinarian:

Official position :Official Stamp :

Date :

Signature :