



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

**PERMIT ID. WL/IHVC:**

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**INTERNATIONAL VETERINARY HEALTH CERTIFICATE  
HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION**

**Part 1:**

**Name and address of the government**

**Authority:** Guyana Livestock Development Authority  
Plantation Mon Repos, Tract GLDA  
Mon Repos, East Coast Demerara,  
Guyana, South America.

**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:**

**USDA APHIS in-transit permit number:**

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**IV: SANITARY INFORMATION**

1. The bird(s) show(s) no clinical signs of West Nile fever or highly pathogenic avian influenza or low pathogenic avian influenza at the time of the 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 or low pathogenic avian influenza has not been confirmed (1)

OR

Except for birds(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 or low pathogenic avian influenza has not been confirmed. (2)

Check the appropriate box

I, the undersigned, certify that the animals described above meets the requirements.

Date issued:

(Signature of Official Veterinarian)

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(Name and title of Official Veterinarian)

Ministry of Agriculture, (Guyana Livestock Development Authority)  
Guyana, South America.

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