

New Zealand Veterinary Certificate for Jackson Laboratory

Country: USA

PART I: Details of consignment	Exporting animal facility:		Name of importer:		Veterinary Authority: USDA, APHIS Official Stamp: veterinary signature:		
	Certificate reference number:		MPI permit number:				
	Address and email contact of exporting facility:		Address of importer:				
	Port of embarkation country of origin:		Port of arrival New Zealand:				
	Contact person in exporting facility:		Contact person in New Zealand:				
	Identification of animals: listed in below table						
	Total number of animals, total number of units (boxes or cages):						
	Species and breed/type/strain: listed below Species - Mus Musculus						
	Stock No.	Strain or Stock Name	Genotype	Age	Sex	Color	Number

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I, ....., the federally accredited veterinarian of the exporting facility, responsible for the health, management and clinical care of the laboratory animals certify as follows:

1. The animals/donor animals were born in the named institution, from colonies maintained for scientific use and under veterinary supervision, where the health of the animals is monitored so that incursions of disease are identified, and control and/or eradication measures can be applied. Other than for fish, the health monitoring programme includes microbiological and parasitological tests and necropsies.
2. The animals/donor animals have not been in contact with any animals which show clinical signs or laboratory evidence of disease, and at the time of export/germplasm collection, the animals/donor animals were clinically healthy, including free of evidence of ectoparasites.
3. The primary containers for importation were appropriately cleaned and disinfected prior to use.

**Name and position of federally accredited veterinarian of the exporting facility:**

**Address:**

**Contact details:**

**USDA accreditation number:**

**Date:**

**Official declaration**

Veterinary Authority: USDA, APHIS

I, ....., an Official Veterinarian of the country of origin, certify that after due enquiry I am satisfied that the animals originate and come from an establishment under veterinary surveillance and in which a program of the monitoring of zoonotic diseases is in place.

**Signature of Official Veterinarian:**

**Address and email contact:**

**Official stamp:**

Part II: Zoonosantary information