

ANNEX B

HEALTH INFORMATION ^(a)

I, the undersigned, certify ^(b) that the equidae described above meet the following requirements:

- (a) they have been examined today and show no clinical sign of disease;
- (b) they are not intended for slaughter under a national programme of contagious or infectious disease eradication;
- (c) they do not come from the territory or part of the territory of a Member State/third country which is the subject of restrictions for reasons of African horse sickness;
- (d) they have not been obtained from a holding which was subject to prohibition for animal health reasons, nor had contact with equidae from a holding which was subject to prohibition for animal health reasons for the periods of time set out in Article 4 (6) of Directive 90/426/EEC;
- (e) to the best of my knowledge, they have not been in contact with equidae suffering from an infectious or contagious disease during the period prior to embarkation as laid down in Article 4 (2).

Date	Lieu Place	Cachet et signature du vétérinaire officiel ⁽¹⁾ Stamp and signature of the official veterinarian

⁽¹⁾ Name in block capitals and capacity.

^(a) Not required where there is a bilateral agreement in accordance with Article 6.

^(b) Valid for 10 days.