College of Pharmacy-Vice Deanship for Graduate Studies & Scientific Research College of Pharmacy King Saud University



Veterinary Health Certificate for Transporting Laboratory Animal(s)

	Consignor			Certificate reference number:			
Primary Details of dispatched means of consignment	Name:			Veterinary Authority:			
	Address:						
	Place of origin:			Place of shipment:			
	Name:			Date of departure:			
	Address: Consignee:			Destination:			
	Name:			Destination.			
	Address:						
	□ Airplane						
	□ Road vehicle						
	□ Vessel						
Pri me tra	□ others						
Description of animals	Total number of an	imals					
	Temperature:						
	Identification of container/seal number:						
of of							
Details of the nature of the animals and quantity of each	Species (Scientific name):						
	Identification system:						
	Identification number/details:						
	Strain/Stock (use international designation if known) *: Passport numbers if issued*:						
	·						
	Age or weight:						
Pathogen Free Status (SPF)	Certificate reference number:						
	Conventional:						
	Conditioned SPF:						
	Barrier raised SPF:						
	Other - specify:						
Fitness for transportation	Special conditions for transport; Yes □ No □						
	If there are special conditions for transport, provide						
complete information of these conditions.							
The undersigned Official Veterinarian certifies that the consignment described above is fit for transport, subject to any conditions specified, and that the animals satisfy the following zoosanitary requirements							
and that the difficulty the following zooddintary requirements							
Official Veterinarian:		Name and address	Official	position:	Signature:	Date:	