



Animal Health Act 1981
Anthrax Order 1991 (Article 6(4))

Certificate: Non-existence of Anthrax

The completed document should immediately be scanned and sent to APHA by email as follows:

- in England, to One Health Customer Service Centre on CSCOneHealthGeneral@apha.gsi.gov.uk
- in Scotland, to the Head of Field Delivery Scotland (HFDS) on APHA.Scotland@apha.gsi.gov.uk
- in Wales, to APHA Cymru/Wales on APHA.CymruWales@APHA.gsi.gov.uk

APHA Authorisation Number

Work Schedule Activity (WSA) (England and Wales only)

Delivery Partner (England and Wales)

Name of APHA Veterinary Inspector (VI) authorising the Delivery Partner (DP) or Official Veterinarian (OV) to take actions:

Please use BLOCK LETTERS

ID/Ear tag number

Description of suspect animal(s) or carcass(es), including identification numbers, age, species (if relevant), breed and sex:

Age

Bovine

Yes No Other

If Other state species

Breed

Sex

Details of keeper, including name, address and postcode:

Postcode

CPH

Location animal(s)/carcass(es) examined if different to the above

Postcode Map Ref:

Is the animal dead? Yes No

I, the undersigned, have this day, on behalf of the APHA Inspector, named above, where applicable and appropriate:

- taken a history from the keeper or their representative Yes No
- examined the animal(s) or carcass(es) and where appropriate the immediate surrounding area Yes No
- concluded without having to take smears or other samples, that the death/illness was caused by something other than anthrax (i.e no smear examined) Yes No
- examined a blood smear stained with McFadyean's methylene blue stain for the presence of anthrax bacilli, with negative results? Yes No

Reason for concluding that the death/illness was **not** caused by anthrax.

Completion is mandatory

- I certify that in my professional Veterinary opinion, from the findings of this investigation, I can find no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es)
- I certify that I hold the necessary Official Controls Qualification (Veterinary) (OCQ(V)) Essential Skills (ES) and Statutory Surveillance (SS) to carry out an Anthrax investigation.

Name in BLOCK LETTERS

Registerable EU/UK Qualifications (required in all cases)

		MRCVS
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Signature of OV		Date	
OV Practice Address			
	Postcode		OV Stamp or OV number

To be completed by OV (Scotland only)

OV SP No: No. of nights on visit

Mileage travelled: Engine capacity of vehicle:

Task of

I declare that the visits and mileage recorded in this form were undertaken and incurred by me while on official business. To the best of my knowledge and belief, the information provided is correct.

Signature:

Name in BLOCK LETTERS Date:

APHA Inspector Following Completion of Investigation

Either:

- I, the undersigned APHA VI, close the veterinary inquiry, based on the findings of no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es), following the investigation completed by an OV, on behalf of an APHA VI.

Or:

- I completed the veterinary inquiry and can find no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es), following my investigation.

Name in BLOCK LETTERS

Registerable EU/UK Qualifications (required in all cases)

		MRCVS
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Signature of APHA VI		Date	
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Address			
	Postcode		

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

HM3 Stamp	Name:		Date Received:		WS ID:	
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