



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

Certificate: Non-existence of Anthrax

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

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

APHA Authorisation Number:

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

Delivery Partner (England and Wales only):

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

Please use BLOCK LETTERS

ID/Ear tag number

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

Age

Bovine

Other

If Other state species

Breed

Sex

Details of keeper, including name, address and postcode:

Postcode

CPH

Location animal(s)/carcase(s) examined if different to the above:

Postcode

Map Ref:

Is the animal dead?

Yes

No

I, the undersigned, have on behalf of APHA:

- taken a history from the keeper or their representative Yes No
- examined the animal(s) or carcase(s) 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 (**no smear examined**) Yes No
- **examined a blood smear** stained with McFadyean's methylene blue stain for the presence of anthrax bacilli Yes No

Reason for concluding that the death/illness was **not** caused by anthrax. Please state: (e.g. no stained anthrax bacilli observed on slide/state other likely cause of death identified etc.) **Completion is mandatory**

Name of Sampling OV (OCQ(V) - ES)

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- 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 carcase(s)
- 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
- *I certify that the Sampling OV named above, who undertook an enquiry and/or took samples on my behalf, holds the OCQ(V) - ES and has received the appropriate cascade training to carry out the Anthrax investigation, and that I examined the smears myself *delete if not appropriate

Name in BLOCK LETTERS

Registerable Qualifications (required in all cases)

		MRCVS
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Signature of OV

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Date

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OV Practice Address

Postcode

OV Stamp or OV number

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 carcase(s), 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 carcase(s), following my investigation.

Name in BLOCK LETTERS

Registerable Qualifications (required in all cases)

		MRCVS
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Signature of APHA VI

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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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