

Official Veterinarian Claim Form for Supervision of Meat/Meat Products/Game Meat for Export to the United States of America

Section 1 – for completion by the OV (shaded areas in columns 5A and 5D for completion by APHA staff)

1. Name and full postal address for invoice:

Postcode

2. Name and address of cold store / transshipment centre (if different from 1):

Postcode

3. Name and address of the applicant for the export health certificate:

Postcode

4. Establishment Number (if applicable):

5. In accordance with arrangements approved by the Veterinary Head of Field Delivery (VHoFD)/Veterinary Lead Scotland (VLS), I have today carried out the work at this establishment during the hours shown below:

Reference No.	Description of Work									
Reference No.	Chargeable Hours				VAT			Mileage		
	From	To	Hours/Part Hours (excluding breaks)	Payment Code	A	B	C	Distance	Engine C.C.	D
					Amount Payable	VAT Rate %	Total (A +B)			Payment

6. Load number (if applicable):

7. Export Health Certificate(s) issued? Yes No

If 'Yes' state EHC serial number(s):

8. I, the undersigned, declare that all information contained on this form is a true record of the work carried out.

Signature OV SP Number

Official Veterinarian (OV)

Name in BLOCK LETTERS Date

Name and address of OV Practice:

Postcode

Section 2 – for completion by the person responsible at the premises of OV supervision

9. I, the undersigned, confirm that:

- The OV named at Section 1, Question 8 has spent the time stated in Section 1, Question 6 at the premises (if present at time of OV inspection);
- The stated time which the OV named at Section 1, Question 8 has spent time on the premises appears to be appropriate for the duties carried out (if not present at time of OV inspection);
- I understand that the Animal and Plant Health Agency (APHA) will seek to recover from me (or the applicant named Section 1, Question 3 above), the fees paid to the OV which are based on an hourly rate agreed between Defra and the British Veterinary Association.

Please tick appropriate box.

Signature

Name in
BLOCK
LETTERS

Date

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.

Original copy of form to be sent by the certifying Official Veterinarian for processing to:

- the Finance and Business Support Team for claims in England: Finance&Risk@apha.gsi.gov.uk
- their local APHA office for claims in Scotland and Wales.

Copies of form to be retained by the certifying OV and the person responsible at the premises of OV supervision.

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.