

AQUATIC ANIMAL HEALTH CERTIFICATE

FOR THE EXPORT OF LIVE AQUATIC ANIMALS FROM THAILAND TO THE REPUBLIC OF KOREA

Certificate reference number.....

Name and address of consigner	
Name and address of consignee	
Scientific name of aquatic animals	
Wild/ cultured stocks	<input type="checkbox"/> Cultured stocks <input type="checkbox"/> wild stocks
Commodity intended for use as	<input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Ornamental <input type="checkbox"/> Other, specify:
Country of origin	
Place of origin	
Number of packaged	
Net weight (or quantity)	
Date of shipment	
Place of shipment	
Means of transport	

Certificate substance;

I, the undersigned, certify that the animals identified above meet the following conditions:

They come from a farm establishment/ zone/ country where they are submitted to a health supervision set up to operate according to the procedures described in *the Aquatic Animals Health Code* from World Organisation for Animal Health and that is recognized officially unaffected by the following diseases:

- ☐ For finfish: Epizootic haematopoietic necrosis (EHN), Spring viraemia of carp (SVC), Viral haemorrhagic septicaemia (VHS), Infectious salmon anaemia (ISA), Red sea bream iridoviral disease (RSIVD), Koi herpesvirus (KHV), Epizootic ulcerative syndrome (EUS), Gyrodactylosis, Infection with salmonid alphavirus, Tilapia lake virus (TiLV)
- ☐ For mollusc: Infection with *Perkinsus marinus*, White spot disease (WSD, as a vector)
- ☐ For crustacean: Crayfish plague, Infectious hypodermal and haematopoietic necrosis (IHHN), Infection with yellow head virus genotype-1 (YHV1), White spot disease (WSD), Taura syndrome (TS), Infectious myonecrosis (IMN), White tail disease (WTD), Acute hepatopancreatic necrosis disease (AHPND), Infection with *Hepatobacter penaei* (Necrotising hepatopancreatitis; NHP), Decapod iridescent virus 1 (DIV1)
- ☐ For amphibian: Infection with *Batrachochytrium dendrobatidis*, Infection with *Batrachochytrium salamandrivorans* and Infection with ranavirus

Certifying Official:

Name (in capital letters):

Signature:

Official position:

Date:

Stamp: