

AUGUST 1990

IMPORT HEALTH REQUIREMENTS OF INDONESIA FOR  
BOVINE SEMEN EXPORTED FROM THE UNITED STATES

The semen must be accompanied by a U.S. Origin Health Certificate issued by a veterinarian authorized by the U.S. Department of Agriculture (USDA) and endorsed by a Veterinary Services (VS) veterinarian. The certificate shall contain the name and address of both the consignor and consignee.

CERTIFICATION STATEMENTS

1. The donor bull(s) have been kept in an artificial insemination (AI) center under the supervision of an accredited veterinarian, which at least within 6 months before semen collection, were clinically free from the following diseases: Infectious bovine rhinotracheitis (IBR), Leptospirosis, Campylobacter foetus, Trichomonas foetus, Brucellosis, Tuberculosis, Johne's disease, Bovine Leukosis, Aujeszky's disease, Bovine Malignant Cattarrh, Blackleg, Q Fever, Hemorrhagic Septicemia, Anthrax, Mucosal disease, and Mastitis Enzootica.
2. The donor bull(s) have never performed natural mating since the dates of the health testing required below.
3. During the period of semen collection, the donor bulls were in good health and were free from clinical signs of infectious and contagious diseases.
4. The storage and the packaging of the frozen semen was performed under the supervision of an accredited veterinarian and no contamination of the semen with infectious agents has occurred.

TEST REQUIREMENTS

All the animals at the AI center including donor bulls were negative to the following tests.

1. Every 6 months for:
  - a. Leptospirosis - microtiter agglutination test at 1:400
  - b. Brucellosis - agglutination test at 1:50 dilution
  - c. Tuberculosis - intradermal caudal fold test
2. Every 12 months for:
  - a. Johne's disease - fecal culture

## OTHER INFORMATION

All of the above mentioned tests were performed at a USDA-approved laboratory.

1. The health certificate must be legalized by the Indonesian Embassy in the United States prior to export of the semen.

Health Certificate No. \_\_\_\_\_  
(Valid Only if the USDA Veterinary  
Seal Appears Over the Certificate #)

U.S. ORIGIN HEALTH CERTIFICATE FOR THE  
EXPORTATION OF BOVINE SEMEN TO INDONESIA

I. Donor Animal and Semen Identification:

Names of Donor Bulls	Breed	Age	Official Identification	Number of Units	Dates of Collection	Col-lection Codes
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

II. Name and address of consignor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of AI Center (premises of origin) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Shipment: \_\_\_\_\_

III. Destination of the Semen: \_\_\_\_\_

Means of Conveyance: \_\_\_\_\_

Name and Address of First Consignee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Health Data

The undersigned official accredited veterinarian hereby certifies the following in relation to the bulls described above:

1. The donor bull(s) have been kept in an artificial insemination (AI) center under the supervision of an accredited veterinarian, which at least within 6 months before semen collection, were clinically free from the following diseases: Infectious bovine rhinotracheitis (IBR), Leptospirosis, Campylobacter foetus, Trichomonas foetus, Brucellosis, Tuberculosis, Johne's disease, Bovine leukosis, Aujeszky's disease, Bovine Malignant Cattarh, Blackleg, Q Fever, Hemorrhagic septicemia, Anthrax, Mucosal

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Disease, and Mastitis Enzootica.

2. The donor bull(s) have never performed natural mating since the dates of the health testing shown below.
3. During the period of semen collection, the donor bulls were in good health and were free of clinical signs of infectious and contagious disease.
4. The storage and packaging of the frozen semen was done under my supervision and no contamination of the semen with infectious agents occurred.

V. Test Requirements

All the animals at the AI center including the donor bulls were tested negative to the following tests:

- |    |                                      |             |            |
|----|--------------------------------------|-------------|------------|
| 1. | Every 6 months for:                  | <u>DATE</u> | <u>LAB</u> |
|    | a. Tuberculosis: intradermal test    | _____       | _____      |
|    | b. Leptospirosis: agglutination test | _____       | _____      |
|    | c. Brucellosis: agglutination test   | _____       | _____      |
| 2. | Every 12 months for:                 |             |            |
|    | a. Johne's disease - fecal culture   | _____       | _____      |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type or Print - Name and Address and  
telephone number of Issuing Accredited  
Veterinarian

\_\_\_\_\_  
Signature - Accredited Veterinarian

\_\_\_\_\_  
Type or Print - Name of Endorsing  
Federal Veterinarian

(\_\_\_\_\_) \_\_\_\_\_  
Date Endorsed and Signature -  
Endorsing Federal Veterinarian  
(Valid only if USDA Veterinary Seal  
Appears over the Signature of the  
Endorsing Federal Veterinarian)