



Certificate N° _____

FISH HEALTH CERTIFICATE

Eggs Only Fish and Eggs

Name of facility/source: _____
 Address: _____
 Telephone N°: _____ Fax N°: _____ Email: _____

I, _____, as a Fish Health Official under the Canadian *Fish Health Protection Regulations C.R.C., c.812*, certify that the source indicated above was inspected by the methods approved by the Minister of Fisheries and Oceans Canada and that the following pathogen status was determined as required by those Regulations.

<u>Pathogen</u>	<u>Detected</u>	<u>Not Detected</u>	<u>Not Tested</u>
Viral Hemorrhagic Septicemia Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Hematopoietic Necrosis Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Pancreatic Necrosis Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other filterable replicating agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Aeromonas salmonicida</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Yersinia ruckeri</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Myxobolus cerebralis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ceratomyxa shasta</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pathogens (specify if possible) _____			

Notes: _____

Date of the last four inspections: use YYYY/MM/DD notation

Date of Issue _____ Signature of Fish Health Official Affiliation & Postal Address _____ Telephone N°./Fax N° _____

This certificate expires on the date the pathogen status changes or _____ (YYYY/MM/DD), whichever is the earlier.

SOURCE FACILITY DECLARATION

I, _____, owner manager of the above noted facility which was last inspected on _____ (YYYY/MM/DD) declare that, to my knowledge, no disease agent(s) listed in Schedule II of the *Fish Health Protection Regulations* (FHPR) that would alter the above described pathogen status have been detected, in this facility, according to the procedures outlined in the FHPR Manual of Compliance since the last FHPR inspection; that no introduction of fish or fish eggs from any source that would alter the above pathogen status has been made into the facility; that the shipment described below will be derived solely from this facility; and that eggs in the shipment will be surface disinfected prior to leaving the source.

I, _____, consignor of eggs taken from wild spawners declare that these eggs will be surface disinfected and that they derive solely from the above inspected source.

This shipment consists of:

_____ kg Live Eggs Species: _____
 _____ Number Dead Fish Species: _____

Date _____ Signature and Address of Owner, Manager or Consignor _____ Telephone N°./Fax N° _____

RECEIVING FACILITY INFORMATION

Departing city and Province _____ Carrier _____

Shipping Method(Air/ground/water) _____ Receiving site _____

Anticipated point of arrival in the province (City and Province): _____ shipping period _____ (YYYY/MM/DD)

Signature and Address of Receiver _____ Date (YYYY/MM/DD) _____ Telephone N°./Fax N° _____

