

TEAM VETERINARIAN APPROVAL FORM

Please obtain latest copy from the MAF website at
<http://www.maf.govt.nz/biosecurity/exports/animals/index.htm>

Name of Team Veterinarian:	
Veterinary Council registration number:	
Telephone number of Team Veterinarian: Email address of Team Veterinarian:	
Name and address of embryo collection centre:	

I,, the Team Veterinarian at
..... embryo collection centre declare that:

1. I am a registered veterinarian under the Veterinarians Act 1994.
2. I am not, and have not been, subject to any punitive action by the Veterinary Council of New Zealand.
3. I have read and understood the document 'Export Information for Ruminant Embryo Team Veterinarians' (available at <http://www.maf.govt.nz/biosecurity/exports/animals/index.htm>).
4. I do not have any conflict of interest* that would prevent me certifying embryos for export.
5. I undertake to inform the Official Veterinarian responsible for the embryo collection centre named above if any details provided on this form change.

Team Veterinarian's signature: Date:

* A conflict of interest arises when a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. As guidance to the scope of a conflict of interest, the OIE *Code* proposes that a certifying veterinarian should have no financial interest, other than fee for provision of service, in the animals or animal products being certified. Guidelines for New Zealand veterinarians are provided in the Veterinary Council of New Zealand Code of Professional Conduct, which contains sections on certification and conflicts of interest.

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- Approved
 Referred to National Manager, International Animal Trade (report attached)

Official Veterinarian's signature: Date: