

CENTRE VETERINARIAN APPROVAL FORM

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

Name of Centre Veterinarian:	
Veterinary Council registration number:	
Telephone number of Centre Veterinarian: Email address of Centre Veterinarian:	
Name and address of semen collection centre:	

I,, the Centre Veterinarian at
..... semen 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 Semen Centre Veterinarians' (found 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 semen for export.
5. I undertake to inform the Official Veterinarian responsible for the semen collection centre named above if any details provided on this form change.

Centre 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: