



Consulado General de Panamá en Londres

40 HERTFORD STREET, LONDON W1J 7SH
TEL: + 44 207 409 2255/FAX: + 44 207 493 4499

I, **NATALIA ROYO, CONSUL GENERAL** IN LONDON, ENGLAND:

CERTIFY:

THAT THE ENCLOSED TRAVEL DOCUMENTS REGARDING THE FOLLOWING ANIMALS:

- Thor(900133000371805)
- Luna (953010002584108)
- Dotty (966000000232925)
- Winnie (981000010000727)
- Lily (956000003462492)
- Misty (977200008135461)

ARE TRUE COPY OF THE ORIGINALS RECEIVED AT THIS CONSULATE OF PANAMA IN LONDON (26 PAGES)

GIVEN IN THE CITY OF LONDON, ENGLAND ON THE 10TH NOVEMBER 2021.

YO, LA SUSCRITO, **NATALIA ROYO, CONSUL GENERAL** EN LONDRES INGLATERRA:

CERTIFICA

QUE LOS DOCUMENTOS DE VIAJE ADJUNTOS REFERENTE A LOS ANIMALES:

- Thor(900133000371805)
- Luna (953010002584108)
- Dotty (966000000232925)
- Winnie (981000010000727)
- Lily (956000003462492)
- Misty (977200008135461)

Y QUE CONSISTEN EN (26) PAGINAS, SON FIEL COPIA DE LOS ORIGINALES RECIBIDOS EN ESTE CONSULADO.

DADO EN LA CIUDAD DE LONDRES, INGLATERRA EL 10 DE NOVIEMBRE 2021


NATALIA ROYO
CONSUL GENERAL





DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES

No:/N° 21/2/211047

EXPORT OF A DOG FROM GREAT BRITAIN TO PANAMA/EXPORTACIÓN DE UN PERRO DE GRAN BRETAÑA A PANAMÁ

HEALTH CERTIFICATE/CERTIFICADO SANITARIO

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)
PAIS EXPORTADOR: REINO UNIDO (GRAN BRETAÑA)

FOR COMPLETION BY: OFFICIAL VETERINARIAN OF THE DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
A SER LLENADO POR: EL VETERINARIO OFICIAL DEL MINISTERIO DE MEDIO AMBIENTE, ALIMENTACIÓN Y ASUNTOS RURALES

I. Identification of the animal/Identificación del animal

Identification and any distinguishing marks/Identificación y cualquier marca distintiva	Breed/Raza	Sex/Sexo	Age/Edad
981000010000727	ROTTWEILER	MALE	4 YEARS 0 MONTHS

II. Origin of the animal/Origen del animal

- a) Name and address of exporter:/Nombre y dirección del exportador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS
PAR, CORNWALL
PL242SD
- b) Address of premises of origin:/Dirección del local de origen:
TRAVELODGE, COVE ROAD, FLEET, GU512SH

III. Destination of the animal/Destino del animal:

- a) Name and address of importer:/Nombre y dirección del importador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS, PAR, CORNWALL, PL242SD
- b) Premises of destination:/Local de destino:
MANZANA 041101 69-1, LAS LAJAS, PROVINCIA DE CHRIRIQUI, 0401
- c) Import permit no. (if known):/N° de permiso de importación (si se conoce):

PART A/PARTE A

IV. Health Information/Información sanitaria

I, the undersigned, certify that:/El que suscribe certifica que:

- a) on 09/11/2021 (date), being not more than 72 hours prior to the proposed date of export, the said animal was examined and found to be free from clinical signs of infectious or contagious disease;/el (fecha), siendo esta fecha no más de 72 horas antes de la fecha prevista de exportación, dicho animal fue revisado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas o contagiosas;
- b) as far as can be determined and based on a written declaration by the owner*/~~exporter~~*, the said animal has not been vaccinated against any disease during the 29 days prior to the proposed date of export;/en la medida en que pueda determinarse y en base a una declaración escrita del dueño*/exportador*, dicho animal no ha sido vacunado contra ninguna enfermedad durante los 29 días anteriores a la fecha prevista de exportación;
- c) on 05/10/2021 (date), being not less than 14 days and not more than 12 months prior to export the said animal was vaccinated against the following diseases:/el (fecha), siendo esta fecha no menos de 30 días y no más de 12 meses antes de la exportación, dicho animal fue vacunado contra las enfermedades siguientes:



	Date of Vaccination/Fecha de vacunación	Name of Vaccine/Nombre de la vacuna
canine distemper/moquillo canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
infectious hepatitis/hepatitis infecciosa	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
leptospirosis/leptospirosis	26/10/2021	NOBIVAC L4 (MSD) A175A01 exp 09/22
Canine parvovirus/parvovirus canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
rabies/rabia	05/10/2021	NOBIVAC RABIES (MSD) A554B01

d) on 09/11/2021 (date), being not more than 30 days prior to export, the said animal was treated with the following licensed medicinal product effective against endoparasites;/el (fecha), siendo esta fecha no más de 30 días antes de la exportación, dicho animal fue tratado con el siguiente producto medicinal autorizado eficaz contra endoparásitos;

(name of product);/(nombre del producto); MILBEMAX CHEWABLE TABLETS FOR DOGS (ELANCO)

e) on 09/11/2021 (date), being not more than 30 days prior to export, the said animal was treated with the following licensed medicinal product effective against ectoparasites;/el (fecha), siendo esta fecha no más de 30 días antes de la exportación, dicho animal fue tratado con el siguiente producto medicinal autorizado eficaz contra ectoparásitos;

(name of product);/(nombre del producto); BRAVECTO CHEWABLE TABLETS FOR DOGS (MSD).

OFFICIAL VETERINARIAN Stamp/Sello del VETERINARIO OFICIAL



REPÚBLICA DE PANAMÁ
MINISTERIO DE RELACIONES EXTERIORES



Departamento Consular y
Legalizaciones

**CERTIFICADO DE
AUTENTICACIÓN**

Recibo Oficial No. 1563643

Arancel No. _____

Derecho B/. _____

No. **1246838**

AMP-21



El Suscrito LUIS EDUARDO PABON CHEVALIER ^{:-PIKE}
NOMBRE DEL FUNCIONARIO CONSULAR

VICECONSUL DE PANAMA EN LONDRES, REINO UNIDO
TÍTULO Y LUGAR DE ACREDITACIÓN

CERTIFICA:

que la firma que aparece en el documento adjunto que dice DR. BETHANY CULLIMORE-PIKE

es **auténtica** y corresponde a la que acostumbra usar en los documentos que autoriza en calidad de VETERINARIO OFICIAL EN EL REINO UNIDO

Dado en la ciudad de LONDRES el día 10

del mes de NOVIEMBRE del año 2021

FIRMA DEL FUNCIONARIO CONSULAR

INTERESADO

Penmellyn Veterinary Group Ltd
Station Road, St Columb Major
Cornwall, TR9 6BX

t +44 (0) 1637 880307
f +44 (0) 1637 880825
admin@penmellyn.co.uk
www.penmellyn.co.uk



Practices at
33 Church Road, Pool, TR15 3PT
01209 613405
152 Henvor Road, Newquay
TR7 3EQ
01637 871695
Padstow & St.Merryn Surgery, Riviera
St. Merryn, Nr. Padstow, PL28 8NR
01841 520647
VAT - 115 14 16 58

Mrs K Dukes
East Crinnis Farm
East Crinnis
Par
Cornwall
PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Winnie

Breed: Rottweiler	Species: Canine Sex: Male
DOB: 26/10/2017 Age 4 yrs 0 mths	Colour: Black & Tan
Current Weight: 59.80	Microchip: 981000010000727

06/10/2021 Ref: Katie Lewis

Age 4 yrs 0 mths

Vital Signs: Name Value Notes Low High

History Details: History: All fine except healing wet eczema lesion.
Examine: BAR, pink mm, NAD chest ausc, abdo palp & testes.
Microchip: between shoulder blades, 981000010000727.
Nobivac Rabies A554B01

Invoiced Items:	Service Provided	No.
	Vaccination - SA Dog Rabies Single Vac	1.00

CERTIFIED COPY 09/11/2021



Our Ref: DER/21/294

Date: 09 November 2021

Reply to: Processing Team

To the signing Official Veterinarian

DEROGATION

Export Of:	3 Dogs	Country:	Panaman
Proposed Export Date:	10 November 2021	Name of Exporter:	Kerry Dukes

Animal Details:

DESCRIPTION	CERTIFICATE NO
Breed: Rottweiler ,Sex: Male, Age: 4 Years, Microchip No.: 981000010000727	21/2/211047
Breed: Rottweiler, Sex: Female, Age: 3 Years 7 Months, Microchip No.: 953010002584108	21/2/211048
Breed: Rottweiler, Sex: Male, Age: 2 Years, Microchip No.: 900133000371805	21/2/211049

Please accept this letter as authority to amend certificate 5181EHC (Cleared 23/09/1999), serial numbers 21/2/211047 – 21/2/211046 inclusive, as follows:

- IV b) **Delete "29" and insert "14"**
- c) **Delete "30" and insert "14"**

These instructions are based on a waiver issued by Dra. Chavarría of the Ministry of Health of Panama (MINSA) on 8 November 2021 authorising this. A copy of the waiver should be attached to the health certificate accompanying the animal. **The amendments should be signed and stamped with the OV stamp in ink of any colour other than black.**

If the health certificate requires countersignature we advise that a copy of this letter is supplied to the countersigning veterinarian (but not attached to the certificate).

Disclaimer: Please advise the exporter that no liability for any losses incurred can be accepted if subsequently it should be found that the waiver presented to us does not guarantee the importation of these dogs into Panama.

Should you have any further queries, please do not hesitate to contact me.

Kindest regards,

A. Torshoff





DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES

No:/N° 21/2/211048

EXPORT OF A DOG FROM GREAT BRITAIN TO PANAMA/EXPORTACIÓN DE UN PERRO DE GRAN BRETAÑA A PANAMÁ

HEALTH CERTIFICATE/CERTIFICADO SANITARIO

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)
PAIS EXPORTADOR: REINO UNIDO (GRAN BRETAÑA)

FOR COMPLETION BY: OFFICIAL VETERINARIAN OF THE DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
A SER LLENADO POR: EL VETERINARIO OFICIAL DEL MINISTERIO DE MEDIO AMBIENTE, ALIMENTACIÓN Y ASUNTOS RURALES

I. Identification of the animal/Identificación del animal

Identification and any distinguishing marks/Identificación y cualquier marca distintiva	Breed/Raza	Sex/Sexo	Age/Edad
953010002584108	ROTTWEILER	FEMALE	3 YEARS 7 MONTHS

II. Origin of the animal/Origen del animal

- a) Name and address of exporter:/Nombre y dirección del exportador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS
PAR, CORNWALL
PL242SD
- b) Address of premises of origin:/Dirección del local de origen:
TRAVELODGE, COVE ROAD, FLEET, GU512SH

III. Destination of the animal/Destino del animal:

- a) Name and address of importer:/Nombre y dirección del importador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS, PAR, CORNWALL, PL242SD
- b) Premises of destination:/Local de destino:
MANZANA 041101 69-1, LAS LAJAS, PROVINCIA DE CHRIRIQUI, 0401
- c) Import permit no. (if known):/Nº de permiso de importación (si se conoce):

PART A/PARTE A

IV. Health Information/Información sanitaria

I, the undersigned, certify that:/El que suscribe certifica que:

- a) on 09/11/2021 (date), being not more than 72 hours prior to the proposed date of export, the said animal was examined and found to be free from clinical signs of infectious or contagious disease;/el (fecha), siendo esta fecha no más de 72 horas antes de la fecha prevista de exportación, dicho animal fue revisado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas o contagiosas;
- b) as far as can be determined and based on a written declaration by the owner*/~~exporter~~, the said animal has not been vaccinated against any disease during the 29th days prior to the proposed date of export;/en la medida en que pueda determinarse y en base a una declaración escrita del dueño*/exportador*, dicho animal no ha sido vacunado contra ninguna enfermedad durante los 29 días anteriores a la fecha prevista de exportación;
- c) on 05/10/2021 (date), being not less than 14 days and not more than 12 months prior to export the said animal was vaccinated against the following diseases:/el (fecha), siendo esta fecha no menos de 30 días y no más de 12 meses antes de la exportación, dicho animal fue vacunado contra las enfermedades siguientes:



	Date of Vaccination/Fecha de vacunación	Name of Vaccine/Nombre de la vacuna
canine distemper/moquillo canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
infectious hepatitis/hepatitis infecciosa	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
leptospirosis/leptospirosis	26/10/2021	NOBIVAC L4 (MSD) A175A01 exp 09/22
Canine parvovirus/parvovirus canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
rabies/rabia	05/10/2021	NOBIVAC RABIES (MSD) A554B01

1. on..... (date), the said animal was examined and found to be free from clinical signs of infectious or contagious disease, external parasites, tumours, fresh wounds and wounds in the process of healing and in my opinion is fit to travel; /el (fecha) dicho animal fue examinado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas o contagiosas, parásitos externos, tumores, lesiones nuevas y lesiones en proceso de cicatrización y/o heridas, en condiciones de viajar;

I, the undersigned certify that: /El que suscribe certifica que:

(For completion by Official Veterinarian at port or airport of departure from Great Britain) / (A ser llenado por el Veterinario Oficial en el puerto o aeropuerto de salida de Gran Bretaña)

PART B/PARTE B

Fecha

Date

09/11/2021

Address/Dirección

Nombre en mayúsculas

Name in block letters

DR. BETHANY CULLUMORE-PIKE

ASHWORTH VETS

60 BRIDGE ROAD

FARWORTH

GULF OHP

Firma

Signed

RCVS

OFFICIAL VETERINARIAN Stamp/Sello del VETERINARIO OFICIAL



/(nombre del producto): BRAVecto CHEWABLE TABLETS FOR DOGS (MSD) / (name of product):

producto medicinal autorizado eficaz contra ectoparásitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against ectoparasites; /el export, the said animal was treated with the following licensed (date), being not more than 30 days prior to

on 09/11/2021

e)

product) / (nombre del producto): MILBEMAX CHEWABLE TABLETS FOR DOGS (ELANCO) / (name of product)

producto medicinal autorizado eficaz contra endoparásitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against endoparasites; /el export, the said animal was treated with the following licensed (date), being not more than 30 days prior to

on 09/11/2021

d)

51

dicho animal fue tratado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas, parásitos externos, tumores, lesiones nuevas y lesiones en proceso de cicatrización. Y, en consecuencia, en condiciones de viajar;



INTRESADO

AMP-21

No. 1246837

FIRMA DEL FUNCIONARIO CONSULAR

[Handwritten signature in blue ink]

Derecho B/ 30.00

Arancel No. 60

Recibo Oficial No. 1563643

del mes de NOVIEMBRE del año 2021

Dado en la ciudad de LONDRES el día 10

VETERINARIO OFICIAL EN EL REINO UNIDO

documentos que autoriza en calidad de ***** es auténtica y corresponde a la que acostumbra usar en los

que la firma que aparece en el documento adjunto que dice **DR. BETHANY CULLMORE-PIKE**

CERTIFICA:

VICECONSUL DE PANAMA EN LONDRES, REINO UNIDO
TITULO Y LUGAR DE ACRREDITACION

El Suscrito **LUIS EDUARDO FABON CHEVALIER**
NOMBRE DEL FUNCIONARIO CONSULAR

CERTIFICADO DE AUTENTICACION

Departamento Consular y Legalizaciones



MINISTERIO DE RELACIONES EXTERIORES
REPUBLICA DE PANAMA



antes de la exportación, dicho animal fue tratado con el siguiente producto medicinal autorizado eficaz contra endoparásitos:

medicinal product effective against ectoparasites: / el (date), being not more than 30 days prior to export, the said animal was treated with the following licensed

on 09/11/2021

product: / (nombre del producto): **MILBEMAX CHEWABLE TABLETS FOR DOGS (ELANCO)** (name of

producto medicinal autorizado eficaz contra endoparásitos: / el (fecha), siendo esta fecha no más de 30 días antes de la exportación, dicho animal fue tratado con el siguiente

medicinal product effective against endoparasites: / el (date), being not more than 30 days prior to export, the said animal was treated with the following licensed

on 09/11/2021

Penmellyn Veterinary Group Ltd
Station Road, St Columb Major
Cornwall, TR9 6BX

☎ +44 (0) 1637 880307

☎ +44 (0) 1637 880825

admin@penmellyn.co.uk
www.penmellyn.co.uk



Practices at
33 Church Road, Pool, TR15 3PT
01209 613405

152 Henvy Road, Newquay
TR7 3EQ
01637 871695

Padstow & St. Merryn Surgery, Riviera
St. Merryn, Nr. Padstow, PL28 8NR
01841 520647

VAT - 115 14 16 58

Mrs K Dukes
East Crinnis Farm
East Crinnis
Par
Cornwall
PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Luna

Breed: Rottweiler	Species: Canine Sex: Female
DOB: 20/03/2018 Age 3 yrs 7 mths	Colour: Black & Tan
Current Weight: 40.70	Microchip: 953010002584108

05/10/2021 Ref: Katie Lewis

Age 3 yrs 7 mths

Vital Signs:	Name	Value	Notes	Low	High
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History Details: Reason: Rabies Vacc
Appointment Notes: Overdue reminders

History: All fine.

Examine: BAR, NAD chest ausc, abdo palp & mammaries.

Microchip: present between shoulder blades, 953010002584108.

Nobivac Rabies A554B01

Invoiced Items:

Service Provided	No.
Vaccination - SA Dog Rabies Single Vac	1.00

CERTIFIED COPY 09/11/2021



29/10/2021 - 11:35:16

Powered By wcanis

Page 1

Penmellyn Vets are trading as Independent Vetcare Limited, registered in England and Wales Company No 8065335

Registered Office: The Chocolate Factory, Keynsham, Bristol, BS31, 2AU

We offer a 24hr Emergency Service 01637-880307



**Animal &
Plant Health
Agency**

Animal and Plant Health Agency
Centre for International Trade
Eden Bridge House
Lowther St
Carlisle
CA3 8DX

T 03000 200 301
Option 1 | Option 3 | Option 2 |
Option 1 for Products
F 01228 591900
www.gov.uk/apha

Our Ref: DER/21/294

Date: 09 November 2021

Reply to: Processing Team

To the signing Official Veterinarian

DEROGATION

Export Of:	3 Dogs	Country:	Panaman
Proposed Export Date:	10 November 2021	Name of Exporter:	Kerry Dukes

Animal Details:

DESCRIPTION	CERTIFICATE NO
Breed: Rottweiler ,Sex: Male, Age: 4 Years, Microchip No.: 981000010000727	21/2/211047
Breed: Rottweiler, Sex: Female, Age: 3 Years 7 Months, Microchip No.: 953010002584108	21/2/211048
Breed: Rottweiler, Sex: Male, Age: 2 Years, Microchip No.: 900133000371805	21/2/211049

Please accept this letter as authority to amend certificate 5181EHC (Cleared 23/09/1999), serial numbers 21/2/211047 – 21/2/211046 inclusive, as follows:

- IV b) **Delete "29" and insert "14"**
- c) **Delete "30" and insert "14"**

These instructions are based on a waiver issued by Dra. Chavarría of the Ministry of Health of Panama (MINSa) on 8 November 2021 authorising this. A copy of the waiver should be attached to the health certificate accompanying the animal. **The amendments should be signed and stamped with the OV stamp in ink of any colour other than black.**

If the health certificate requires countersignature we advise that a copy of this letter is supplied to the countersigning veterinarian (but not attached to the certificate).

Disclaimer: Please advise the exporter that no liability for any losses incurred can be accepted if subsequently it should be found that the waiver presented to us does not guarantee the importation of these dogs into Panama.

Should you have any further queries, please do not hesitate to contact me.

Kindest regards,

A. Toraloff



The Animal and Plant Health Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs working to safeguard animal and plant health for the benefit of people, the environment and the economy.



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES

No:/N° 21/2/211049

EXPORT OF A DOG FROM GREAT BRITAIN TO PANAMA/EXPORTACIÓN DE UN PERRO DE GRAN BRETAÑA A PANAMÁ

HEALTH CERTIFICATE/CERTIFICADO SANITARIO

EXPORTING COUNTRY: UNITED KINGDOM (GREAT BRITAIN)
PAIS EXPORTADOR: REINO UNIDO (GRAN BRETAÑA)

FOR COMPLETION BY: OFFICIAL VETERINARIAN OF THE DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
A SER LLENADO POR: EL VETERINARIO OFICIAL DEL MINISTERIO DE MEDIO AMBIENTE, ALIMENTACIÓN Y ASUNTOS RURALES

I. Identification of the animal/Identificación del animal

Identification and any distinguishing marks/Identificación y cualquier marca distintiva	Breed/Raza	Sex/Sexo	Age/Edad
900133000371805	ROTTWEILER	MALE	2 YEARS 0 MONTHS

II. Origin of the animal/Origen del animal

- a) Name and address of exporter:/Nombre y dirección del exportador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS
PAR, CORNWALL
PL242SD
- b) Address of premises of origin:/Dirección del local de origen:
TRAVELODGE, COVE ROAD, FLEET, GU512SH

III. Destination of the animal/Destino del animal:

- a) Name and address of importer:/Nombre y dirección del importador:
MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS, PAR, CORNWALL, PL242SD
- b) Premises of destination:/Local de destino:
MANZANA 041101 69-1, LAS LAJAS, PROVINCIA DE CHRIRIQUI, 0401
- c) Import permit no. (if known):/Nº de permiso de importación (si se conoce):

PART A/PARTE A

IV. Health Information/Información sanitaria

I, the undersigned, certify that:/El que suscribe certifica que:

- a) on 09/11/2021 (date), being not more than 72 hours prior to the proposed date of export, the said animal was examined and found to be free from clinical signs of infectious or contagious disease;/el (fecha), siendo esta fecha no más de 72 horas antes de la fecha prevista de exportación, dicho animal fue revisado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas o contagiosas;
- b) as far as can be determined and based on a written declaration by the owner*/exporter*, the said animal has not been vaccinated against any disease during the 29 days prior to the proposed date of export;/en la medida en que pueda determinarse y en base a una declaración escrita del dueño*/exportador*, dicho animal no ha sido vacunado contra ninguna enfermedad durante los 29 días anteriores a la fecha prevista de exportación;
- c) on 06/10/2021 (date), being not less than 14 days and not more than 12 months prior to export the said animal was vaccinated against the following diseases:/el (fecha), siendo esta fecha no menos de 30 días y no más de 12 meses antes de la exportación, dicho animal fue vacunado contra las enfermedades siguientes:



	Date of Vaccination/Fecha de vacunación	Name of Vaccine/Nombre de la vacuna
canine distemper/moquillo canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
infectious hepatitis/hepatitis infecciosa	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
leptospirosis/leptospirosis	26/10/2021	NOBIVAC L4 (MSD) A175A01 exp 09/22
Canine parvovirus/parvovirus canino	26/10/2021	NOBIVAC DHP (MSD) A144C01 exp 03/23
rabies/rabia	06/10/2021	NOBIVAC RABIES (MSD) A554 B01

No. 1246836



FIRMA DEL FUNCIONARIO CONSULAR

Derecho B/

Aranzel No. 60

Recibo Oficial No. 1563643

del mes de NOVIEMBRE del año 2021

Dado en la ciudad de LONDRES el día 10

CERTIFICADO DE AUTENTICACION

Departamento Consular y Legalizaciones

MINISTERIO DE RELACIONES EXTERIORES

REPUBLICA DE PANAMA



CERTIFICA:

que la firma que aparece en el documento adjunto que es auténtica y corresponde a la que acostumbra usar en los documentos que autoriza en calidad de

DR. BETHANY CULLIMORE-PIKE

TITULO Y LUGAR DE ACREDITACION

VICECONSUL DE PANAMA EN LONDRES, REINO UNIDO

El Suscrito LUIS EDUARDO FABON CHEVALIER

NOMBRE DEL FUNCIONARIO CONSULAR



OFFICIAL VETERINARIAN Stamp/Sello del VETERINARIO OFICIAL

(name of product): BRAYecto CHEWABLE TABLETS FOR DOGS (MSD)

producto medicinal autorizado eficaz contra ectoparasitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against ectoparasites;/el export, the said animal was treated with the following licensed on 09/11/2021 (date), being not more than 30 days prior to

(name of product): MILBEMAX CHEWABLE TABLETS FOR DOGS (ELANCO)

producto medicinal autorizado eficaz contra endoparasitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against endoparasites;/el export, the said animal was treated with the following licensed on 09/11/2021 (date), being not more than 30 days prior to



1. on.....(date), the said animal was examined and found to be free from clinical signs of infectious or contagious disease, external parasites, tumours, fresh wounds and wounds in the process of healing and in my opinion is fit to travel./el(fecha) dicho animal fue reexaminado, determinándose que estaba libre de signos clínicos de enfermedades infecciosas o contagiosas, parásitos externos, tumores, lesiones nuevas y lesiones en proceso de cicatrización y, a mi juicio, en condiciones de viajar;

I, the undersigned certify that:/El que suscribe certifica que:

(For completion by Official Veterinarian at port or airport of departure from Great Britain)/(A ser llenado por el Veterinario Oficial en el puerto o aeropuerto de salida de Gran Bretaña)

PART B/PARTE B

Fecha

Date

09/11/2021

Address/Dirección

ASHWORTH VETS
 60, BRIDGE ROAD
 FARMBOROUGH
 GUILF OHP

Nombre en mayúsculas

Name in block letters DR. BERNARDY GILLMORE-PIKE

Firma

Signed

RCVS



OFFICIAL VETERINARIAN Stamp/Sello del VETERINARIO OFICIAL

(name of product): / (nombre del producto): BRAYecto CHEWABLE TABLETS FOR DOGS (MSD)

producto medicinal autorizado eficaz contra ectoparásitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against ectoparasites:/el export, the said animal was treated with the following licensed (date), being not more than 30 days prior to on 09/11/2021

(name of product): / (nombre del producto): MILBEMOX CHEWABLE TABLETS FOR DOGS (ELANCO)

producto medicinal autorizado eficaz contra endoparásitos; antes de la exportación, dicho animal fue tratado con el siguiente (fecha), siendo esta fecha no más de 30 días

medicinal product effective against endoparasites:/el export, the said animal was treated with the following licensed (date), being not more than 30 days prior to on 09/11/2021



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 01209 613405

152 Henvor Road, Newquay
 TR7 3EQ
 01637 871695

Padstow & St. Merryn Surgery, Riviera
 St. Merryn, Nr. Padstow, PL28 8NR
 01841 520647

VAT - 115 14 16 58

Mrs K Dukes
 East Crinnis Farm
 East Crinnis
 Par
 Cornwall
 PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Thor

Breed: Rottweiler	Species: Canine Sex: Male
DOB: 17/10/2019 Age 2 yrs 0 mths	Colour: Black & Tan
Current Weight: 53.50	Microchip: 900133000371805

05/10/2021 Ref: Katie Lewis

Age 2 yrs 0 mths

Vital Signs:	Name	Value	Notes	Low	High
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History Details: Reason: Rabies Vacc

History: All fine.

Examine: Nervous, NAD chest ausc, v tense on abdo palp, NAD testes.

Microchip: present between shoulder blades: 900133000371805.

Nobivac Rabies A554B01

Invoiced Items:

Service Provided	No.
Vaccination - SA Dog Rabies Single Vac	1.00

CERTIFIED COPY 09/11/2021



29/10/2021 - 11:31:52

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Page 1

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**Animal &
Plant Health
Agency**

Animal and Plant Health Agency
Centre for International Trade
Eden Bridge House
Lowther St
Carlisle
CA3 8DX

T 03000 200 301
Option 1 | Option 3 | Option 2 |
Option 1 for Products
F 01228 591900
www.gov.uk/apha

Our Ref: DER/21/294

Date: 09 November 2021

Reply to: Processing Team

To the signing Official Veterinarian

DEROGATION

Export Of:	3 Dogs	Country:	Panaman
Proposed Export Date:	10 November 2021	Name of Exporter:	Kerry Dukes

Animal Details:

DESCRIPTION	CERTIFICATE NO
Breed: Rottweiler ,Sex: Male, Age: 4 Years, Microchip No.: 981000010000727	21/2/211047
Breed: Rottweiler, Sex: Female, Age: 3 Years 7 Months, Microchip No.: 953010002584108	21/2/211048
Breed: Rottweiler, Sex: Male, Age: 2 Years, Microchip No.: 900133000371805	21/2/211049

Please accept this letter as authority to amend certificate 5181EHC (Cleared 23/09/1999), serial numbers 21/2/211047 – 21/2/211046 inclusive, as follows:

- IV b) **Delete "29" and insert "14"**
- c) **Delete "30" and insert "14"**

These instructions are based on a waiver issued by Dra. Chavarría of the Ministry of Health of Panama (MINSa) on 8 November 2021 authorising this. A copy of the waiver should be attached to the health certificate accompanying the animal. **The amendments should be signed and stamped with the OV stamp in ink of any colour other than black.**

If the health certificate requires countersignature we advise that a copy of this letter is supplied to the countersigning veterinarian (but not attached to the certificate).

Disclaimer: Please advise the exporter that no liability for any losses incurred can be accepted if subsequently it should be found that the waiver presented to us does not guarantee the importation of these dogs into Panama.

Should you have any further queries, please do not hesitate to contact me.

Kindest regards,

A. Torcloff



The Animal and Plant Health Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs working to safeguard animal and plant health for the benefit of people, the environment and the economy.



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No: 21/2/211050

EXPORT OF CATS FROM UNITED KINGDOM TO PANAMA
EXPORTACIÓN DE GATOS DEL REINO UNIDO A PANAMA

HEALTH CERTIFICATE
CERTIFICADO SANITARIO

EXPORTING COUNTRY : UNITED KINGDOM
PAÍS EXPORTADOR: REINO UNIDO

CERTIFYING
VETERINARIAN: OFFICIAL VETERINARIAN
VETERINARIO
HABILITADO PARA
CERTIFICAR: VETERINARIO OFICIAL

I. Number and identification of the animal/(s)* / Número e identificación de los animal/(es)*

Identification and any distinguishing marks including microchip or tattoo/ Identificación y toda seña particular, inclusive microchip tatuaje	Breed Raza	Sex Sexo	Age Edad
956000003462492	DSH	FEMALE	10 YEARS 4 MONTHS
977200008135461	DSH	FEMALE	11 YEARS 4 MONTHS
966000000232925	DSH	FEMALE	13 YEARS 4 MONTHS

II. Origin of the animal/(s) / Origen de los animal/(es)*

(a) Name and address of exporter/ Nombre y dirección del exportador:

MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS,
PAR, CORNWALL
PL242SD

* Delete as appropriate/ *Táchese lo que no proceda

(b) Address of premises of origin/ Dirección del local de origen:

TRAVELODGE
COVE ROAD
FLEET

(c) GU512SH
Name and address of importer/ Nombre y dirección del importador:

MRS KERRY DUKES
EAST CRINNIS FARM, EAST CRINNIS,
PAR, CORNWALL
PL242SD

(d) Premises of destination / Local de destino:

MANZANA 0401101 69-1
LAS LAJAS
PROVINCA DE CHIRIQUI
0401

(e) Import permit no. (if applicable)/

Número del permiso de importación (cuando proceda):

III. Health Information / Información sanitaria

I, the undersigned, hereby certify that the animal(s)* described overleaf meet the following requirements/ El que suscribe certifica por la presente que el (los) animal(es)* que se describe(n) más arriba satisface(n) las siguientes condiciones:

- (a) on 09/11/2021, being not more than 48 hours prior to the proposed date of export, the said animal(s) ~~was/were~~* examined and found to be free from clinical signs of infectious or contagious disease, including distemper, rabies and external parasites, and, in my opinion, is/are* fit to travel/ el , es decir, dentro de un plazo que no excedía las 48 horas previas a la fecha propuesta de exportación, el (los) citado(s) animal(es)* fue/fueron examinado(s)*, constatándose que no manifestaba(n)* signos clínicos de enfermedades infecciosas ni contagiosas, incluidos el moquillo y la rabia, ni tampoco de parásitos externos y que estaba(n)*, a juicio del que suscribe, en condiciones de viajar;
- (b) on 05/10/2021 AND 06/10/2021 being not less than 30 days and not more than 12 months prior to the proposed date of export, the said animal(s)* ~~was/were~~* vaccinated against rabies/ el , es decir, no menos de 30 días y no más de 12 meses previos a la fecha propuesta de exportación, el (los) citado(s) animal(es)* fue/fueron vacunado(s)* contra la rabia;

* Delete as appropriate/ *Táchese lo que no proceda

IV.

This certificate is valid for 7 days from the date of signature/ Este certificado tiene validez por un periodo de 7 dias a partir de la fecha de la firma del mismo.

OFFICIAL VETERINARIAN Stamp

Sello del VETERINARIO



Date/ Fecha: 09/11/2021

Signed/ Firma: [Signature] RCVS

Name in block

DR. BETHANY CULLMORE-PIKE

Nombre en mayúsculas

Official Veterinarian / Veterinario oficial

Address / Dirección: ASHWORTH VETS, 60 BRIDGE ROAD, FARMBOROUGH, GUILF OHP

El Suscrito

LUIS EDUARDO FABON CHEVALIER

NOMBRE DEL FUNCIONARIO CONSULAR

VICECONSUL DE PANAMA EN LONDRES, REINO UNIDO

TITULO Y LUGAR DE Acreditación

CERTIFICA:

que la firma que aparece en el documento adjunto que

dice **DR. BETHANY CULLMORE-PIKE**

es auténtica y corresponde a la que acostumbra usar en los documentos que autoriza en calidad de *****

VETERINARIO OFICIAL EN EL REINO UNIDO

Recibo Oficial No. 1563643

Dado en la ciudad de LONDRES el día 10

Aranzel No. 60

del mes de NOVIEMBRE del año 2021

Derecho B/ 30.00

No. 1246835

AMP-21



INTERESADO

FIRMA DEL FUNCIONARIO CONSULAR

[Handwritten signature]

Penmellyn Veterinary Group Ltd
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Cornwall, TR9 6BX

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152 Henvy Road, Newquay
TR7 3EQ
01637 871695

Padstow & St. Merryn Surgery, Riviera
St. Merryn, Nr. Padstow, PL28 8NR
01841 520647

VAT - 115 14 16 58

Mrs K Dukes
East Crinnis Farm
East Crinnis
Par
Cornwall
PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Lily

Breed: DSH	Species: Feline Sex: Female (Spayed)
DOB: 14/06/2011 Age 10 yrs 4 mths	Colour: Black
Current Weight: 4.20	Microchip: 956000003462492

06/10/2021 Ref: Katie Lewis

Age 10 yrs 4 mths

Vital Signs:	Name	Value	Notes	Low	High
	Weight	4.2	Kilograms		

History Details: Reason: Rabies

History: All fine.

Examine: BAR, pink mm, teeth ok; NAD chest ausc & abdo palp.

Microchip: between shoulder blades, 956000003462492.

Nobivac Rabies A554B01.

Invoiced Items:

Service Provided	No.
Vaccination - SA Cat Rabies Vac	1.00

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29/10/2021 - 11:34:36

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Page 1

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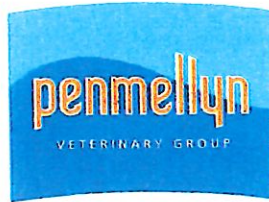
Penmellyn Veterinary Group Ltd
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01841 520647

VAT - 115 14 16 58

Mrs K Dukes
East Crinnis Farm
East Crinnis
Par
Cornwall
PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Misty

Breed: DSH	Species: Feline Sex: Female (Spayed)
DOB: 01/06/2010 Age 11 yrs 4 mths	Colour: Grey Tabby
Current Weight: 4.00	Microchip: 977200008135461

06/10/2021 Ref: Katie Lewis

Age 11 yrs 4 mths

Vital Signs:	Name	Value	Notes	Low	High
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History Details: Reason: Rabies

History: All fine.

Examine: BAR, pink mm, some dental tartar with gingivitis & recession, NAD chest ausc & abdo palp.

Microchip: between shoulder blades, 977200008135461.

Nobivac Rabies A554B01

Invoiced Items:

Service Provided	No.
Vaccination - SA Cat Rabies Vac	1.00
Dentistry (SA) Dental SA Recommended	1.00

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09/11/2021



29/10/2021 - 11:35:50

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VAT - 115 14 16 58

Mrs K Dukes
East Crinnis Farm
East Crinnis
Par
Cornwall
PL242SD

Ref: 624479

VAT: 115 14 16 58

Patient History for Dotty

Breed: DSH	Species: Feline Sex: Female
DOB: 01/06/2008 Age 13 yrs 4 mths	Colour: Tortie
Current Weight: 2.50	Microchip: 966000000232925

05/10/2021 Ref: Katie Lewis

Age 13 yrs 4 mths

Vital Signs:	Name	Value	Notes	Low	High
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History Details: Reason: Rabies

History: All fine.

Examine: QAR; pink mm, some dental tartar, NAD abdo palp.

Microchip: between shoulder blades, 966000000232925

Nobivac Rabies A554B01

Invoiced Items:

Service Provided	No.
Vaccination - SA Cat Rabies Vac	1.00

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29/10/2021 - 11:34:16

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Page 1

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