

REFERENCE NUMBER:
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## VETERINARY HEALTH CERTIFICATE **EXPORT OF DOGS AND CATS TO TRINIDAD AND TOBAGO**

Expor	ting Country:	CANADA
Competent Authority:		CANADIAN FOOD INSPECTION AGENCY GOVERNMENT OF CANADA
Δ	DESCRIPTION:	

Number and identification of animal: 1.

	NAME	SPECIES & BREED	SEX	AGE	COLOUR/MARKINGS
1.					

For corresponding animal mentioned in table above.

	MICROCHIP NO.	BRAND *	LOCATION OF MICROCHIP			
1.						
* Mic	* Microchip must correspond with Standard 11784 or Annex A to Standard 11785					
Trini	Trinidad and Tohago Veterinary Import Permit no:					

	* Micro	chip must correspond with Standard 11784 or Annex A to Standard 11785		
2.	Trinida	ad and Tobago Veterinary Import Permit no:		
3.	Origin	animal		
	3.1	Name and address of consignor:		
	3.2	Address of premises of origin of animal:		
4.	Destin	ation of animal:		
	4.1	Name and address of consignee:		
	4.2	Means of transport (flight no/vessel name):		
	4.3	Physical address of premises at final destination:		
B.	HEALT	TH ATTESTATION		
I,		the undersigned licensed veterinarian certifies that the animal described in		

1.	Has, as far as I can ascertain, either been continuously resident in Canada since birth, or has been continuously
	resident in Canada for the last six months*; or

The animal(s) have resided in the following countries in the six (6) months prior to travel\*:



<sup>\*</sup> Delete that which is not applicable

REFERENCE NUMBER:	REFERENCE NUMBER:	
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- 2. Has a valid rabies vaccination <sup>(1)</sup>, as stipulated below:
  - a. Vaccination date of animal being exported to be completed for animals over 12 weeks of age.

	Date (dd/mm/yyyy)	Type of vaccine	Name of vaccine & manufacturer	Batch no.	Vaccination Valid Until:
1.					

The administration of the rabies vaccine was done according to the manufacturer's recommendations and provides immunity for at least 3 months after the date of travel.

b. The rabies blood titre test (FAVN) must be done at least 30 days after completion of the vaccination protocol/booster. The titre reading must be equal to or greater than 0.5 IU/mL.

	Blood collection date (dd/mm/yyyy)	Test results (IU/ml)	Name & Address of testing laboratory
1.			

NOTE: The animal(s) MUST be microchipped prior to taking the blood sample for the rabies titre test.

3. The animal(s) have been tested, with **negative** results, within 30 days of export:

	Test date:
Brucella canis serum agglutination (dogs only)	

4. Animal(s) must be treated against *Echinococcus multilocularis* (tapeworm), administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of scheduled entry of the dog(s). The treatment must consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substance, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of *Echinococcus multilocularis* in the host species concerned. (FOR DOGS ONLY)

	Date of treatment (dd/mm/yyyy)	Product name	Dosage
1.			

5. Vaccination history of the animal(s) for the last year (if puppy or kitten or if less than 1 year old, state vaccination administered):

	Date (dd/mm/yyyy)	Type of vaccine	Name of vaccine & manufacturer	Batch no.	Vaccination Valid Until:
1.					

6. All animal(s) was/were treated for internal and external parasites including *Dirofilaria immitis* by a veterinarian not more than fourteen (14) days before scheduled arrival in Trinidad and Tobago.

	Date of treatment (dd/mm/yyyy)	Product name	Dosage
1.			

Date (in figures) DD/MM/YYYY  Date (in figures) DD/MM/YYYYY  Official Export Stamp
Date (in figures) DD/MM/YYYY
Official Export Stamp
ate of issue by the licensed veterinarian. recombinant vaccine conforming to a potency standard recognized by the World.
is certificate will be transported according to international standards (i.e. IATA he container is new or is suitably disinfected and fumigated with the following
Date