



**VETERINARY HEALTH CERTIFICATE FOR THE
EXPORT OF DOGS AND CATS TO THE PHILIPPINES**

I. COUNTRY OF ORIGIN: CANADA

II. COUNTRY OF DESTINATION: _____

III. OWNER

Name: _____

Address: _____

IV. DESCRIPTION OF ANIMAL

Name: _____ Species: Dog Cat Sex: _____

Date of birth (yyyy/mm/dd)*: _____ Breed: _____

*Animal must be at least four (4) months old

Colour: _____ Microchip No. _____

Coat type and markings/Distinguishing marks: _____

V. VACCINATIONS

I, the undersigned licensed veterinarian, declare that the animal described above has been vaccinated against the following diseases as shown below:

Vaccine Administered	Date of Vaccination (yyyy/mm/dd)	Vaccination Valid Until (yyyy/mm/dd)	Product Name, Manufacturer and Batch Number
Rabies			
Canine Distemper*			
Infectious Canine Hepatitis*			
Leptospirosis*			
Canine Parvovirus*			
Feline Panleukopenia*			

*Delete as appropriate for the species being exported

VI. TREATMENT FOR PARASITES

I, the undersigned licensed veterinarian, declare that the animal described above has been treated for internal and external parasites as shown below:

Treatment Administered	Date of Treatment (yyyy/mm/dd)	Product Name, Manufacturer and Active Ingredient
External Parasites		
Internal Parasites		

VII. CLINICAL EXAMINATION

I, the undersigned licensed veterinarian, declare that the animal described above has been examined before departure on the date indicated below and found to be free of clinical evidence of infectious or contagious diseases transmissible to the given species and, as far as can be determined, exposure thereto. The animal described above is at least four (4) months old.

Date of examination (yyyy/mm/dd): _____

Date (yyyy/mm/dd)

Signature of Licensed Veterinarian

Name and address of licensed veterinarian: _____

VIII. OFFICIAL CERTIFICATION

I, the undersigned official veterinarian, declare that:

1. No clinical cases of rabies have been reported in domestic animals within a twenty (20) kilometer radius from the point of origin during the last six (6) months.

Date (yyyy/mm/dd)

Signature of Official Veterinarian
Canadian Food Inspection Agency
Government of Canada

Official Export Stamp

Name of Official Veterinarian (in block letters)