

Gouvernement du Canada Canadian Food Agence canadienne Inspection Agency d'inspection des aliments

REFERENCE NUI	MRFR.	

Veterinary Health Certificate (Appendix 1) Dogs Exported from Canada (Category 3) to Australia

Parts 1 - 4 to be completed by Licensed Veterinarian

<u>1. </u>	Animal	Details

Import permit number:				
Name of animal:				
Date of birth (dd/mm/yyyy):				
Sex: (mark with an X in the appropriate box)	□ Male	☐ Neutered male	☐ Female	☐ Neutered female
	If female, she young.	is not more than 3	0 days pregr	nant or suckling
If mated, date of last mating (dd/mm/yyyy)*:				
Microchip number:				
Site of microchip:				
Date of final examination and microchip scanning (within 5 days of export*, or within 48 hours of export if not vaccinated against canine influenza virus*) (dd/mm/yyyy):				

Test / Treatment Record

Tests Conducted	Sample Collection Date (dd/mm/yyyy)	Test Type	Test Result
Rabies Neutralising Antibody Titre Test (RNATT)	Collection date: Date arrived at laboratory:	FAVN* or RFFIT* (Positive at <u>></u> 0.5IU/mL)	
Leishmania infantum		IFAT* or ELISA* (Negative)	
Leptospira sv. Canicola* (testing not required if vaccinated)		MAT (Negative at 1:100)	
Brucella canis* (if not desexed)		RSAT* or TAT* or IFAT* (Negative)	
Canine influenza virus* (testing not required if vaccinated) (Note: testing is to be done within 7 days before the date of export)		PCR (Negative)	

^{*}Strike through as required



^{*}Strike through as required

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Vaccinations Administered	Vaccination Date(s) (dd/mm/yyyy)	Vaccination Type
Rabies vaccination		Vaccine name: Batch number: Expiry date of vaccine: Date next booster due:
Leptospira sv. Canicola vaccination* (if not tested) (Note: All current Leptospira interrogans sv. Canicola vaccinations and booster due dates must be recorded) (Note: for dogs who have been	1.	Vaccine name: Batch number: Expiry date of vaccine: Date next booster due: Vaccine name:
continuously vaccinated according to manufacturer's guidelines, include both the current and previous vaccine information. For dogs receiving a primary series, include both vaccines comprising this primary series.)		Batch number: Expiry date of vaccine: Date next booster due:
Canine influenza virus vaccination* (if not tested)	2.*	Vaccine name: Batch number: Expiry date of vaccine: Date next booster due: Vaccine name:
		Batch number: Expiry date of vaccine: Date next booster due:

^{*}Strike through as required

Treatments Administered	Treatment Date(s) (dd/mm/yyyy)	Treatment Type
Babesia canis rossi* (dogs that have visited mainland Africa only)		Product name: Active ingredient(s):
, uniod only,		Dose rate:
	1.	Product name:
		Active ingredient(s):
		Dose rate:
	2.*	Product name:
External parasites		Active ingredient(s):
		Dose rate:
	3.*	Product name:
		Active ingredient(s):
		Dose rate:
	1.	Product name:
		Active ingredient(s):
		Dose rate:
Internal parasites	2.	Product name:
		Active ingredient(s):
		Dose rate:

^{*}Strike through as required

3. Animal Health Declarations

1.	Either: The dog was exported from Australia on/ (dd/mm/yyyy) and a copy of the Australian export permit is attached.*
	OR
	The dog underwent an identity verification on// (dd/mm/yyyy) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.*
	OR
	The dog was not exported from Australia and has not undergone an identity verification.* *Strike through as required



2. The dog has been found to be free from signs of clinical or infectious disease during the final examination within 5 days of export*

OR

If the dog has not been vaccinated against canine influenza virus, the dog has been found to be free from signs of clinical or infectious disease during the final examination within 48 hours of export*. *Strike through as required

- 3. The dog's rabies vaccination is current according to manufacturer directions at the scheduled date of export to Australia.
- 4. The dog appears to be fit and healthy to undertake the journey to Australia and undergo quarantine.
- 5. For dogs that have not been vaccinated against canine influenza virus*:

I have no reason to doubt the declaration provided by the owner*/exporter*, that the dog described in this certificate has been isolated from other dogs and has not had direct contact with other dogs (unless those dogs are part of the same export shipment) for the 10 days immediately preceding the date of export to Australia; and

The dog was tested with a negative result for canine influenza virus by polymerase chain reaction on a nasal or deep pharyngeal swab collected within the 7 days prior to export; and

The dog was examined within 48 hours of export and found to be free from clinical signs of infectious or contagious disease.

*Strike through as required

4. Signature of Licensed Veterinarian

I certify that after due enquiry and to the best of my knowledge all the information provided in this Veterinary Health Certificate is true and the dog fully complies with the pre-export requirements described in the Australian import permit and the microchip number listed on all documentation matches the microchip number scanned on the animal described here.

	Country of export:
	License number:
	Date certificate completed (dd/mm/yyyy):
Signature of Licensed Veterinarian	Name:
	Address:
	Phone number:
	Email contact:



REFERENCE NUMBER:	
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5. Endorsement by CFIA Veterinarian

I certify that the Veterinarian that issued the Veterinary Health Certificate is licensed by their respective Provincial Licensing Organizations and the export preparations meet the export requirements described in the Australian import permit.

Signature of CFIA Veterinarian	Country of export: Competent Authority: CANADIAN FOOD INSPECTION AGENCY
orginature or or in votormanari	Date certificate endorsed (dd/mm/yyyy):
	Name:
	Address:
Stamp of CFIA Veterinarian	Phone number:
	Email contact:

	REFERENCE NUMBER:
Owner/Exporter Declarate	ion for dogs that have not been vaccinated against canine influenza virus
described below has been isol	(name of the owner*/exporter*), declare that the dog ated from other dogs and has not had direct contact with other dogs (unless those ort shipment) for the 10 days immediately preceding the date of export to
Name of animal:	
Microchip number:	

Signature of the owner*/exporter*

*Strike through as required

Date

