

TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION
FEBRUARY 2012 REPORT

CHAPTER 5.11.

RABIES
MODEL ~~INTERNATIONAL~~ VETERINARY
CERTIFICATE FOR **INTERNATIONAL**
MOVEMENT OF DOMESTIC DOGS (*Canis*
familiaris), ~~AND~~ CATS (*Felis catus*)
AND FERRETS (*Mustela putorius furo*)
ORIGINATING FROM COUNTRIES CONSIDERED
INFECTED WITH RABIES ~~INFECTED~~
~~COUNTRIES~~

I. OWNER

Name:
Address:.....
.....
.....

II. DESCRIPTION

Species of animal:
Age or date of birth:
Sex:
Breed:
Colour:
Coat type and marking/Distinguishing marks:
.....
.....
.....
Identification number, **and location on the animal and date of marking** (tattoo or other permanent method of identification) (see note 1)

III. ADDITIONAL INFORMATION

Country of origin:
.....
Countries visited
over the past six months~~2 years~~
as declared by the owner
(give dates)
.....
.....

IV. VACCINATION (Rabies)

I the undersigned declare herewith that I have ~~vaccinated~~ seen evidence that the animal described in Part II has been vaccinated against rabies as shown below. The animal was found to be healthy on the day of vaccination.

Date of vaccination (dd/mm/yy)	Name of inactivated virus vaccine (see note 2)	1. Manufacturing laboratory 2. Batch number 3. Expiry date	Name (in capital letters) and signature of the veterinarian (see note 6)
		1..... 2..... 3.....	

PERIOD OF VALIDITY OF VACCINATION FOR INTERNATIONAL MOVEMENT (see note 3)		Name (in capital letters) and signature of the Certifying Official Veterinarian (see note 6)
from (dd/mm/yy)	to (dd/mm/yy)	

V. SEROLOGICAL TESTING (Rabies)

I the undersigned declare herewith that I have taken a blood sample has been taken from the animal described in Part II and have received with the following result from the official diagnostic laboratory which ~~has~~ carried out the ~~neutralising~~ antibody titration test (see note 4).

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Result of the antibody titration test (in International Units [IU]/ml)	Name (in capital letters) and signature of the veterinarian (see note 6)

PERIOD OF VALIDITY OF SEROLOGICAL TESTING FOR INTERNATIONAL MOVEMENT (see note 4 3)		Name (in capital letters) and signature of the <u>Certifying Official</u> Veterinarian (<u>see note 6</u>)
from (dd/mm/yy)	to (dd/mm/yy)	

VI. CLINICAL EXAMINATION (Rabies)

I, the undersigned declare herewith that I have examined on the date indicated below the animal described in Part II and have found it to be free from clinical signs of rabies ~~be clinically healthy~~ (see note 5).

Date (dd/mm/yy)	Name (in capital letters) and signature of the veterinarian (see note 6)	Name (in capital letters) and signature of the <u>Certifying Official</u> Veterinarian (<u>see note 6</u>)

NOTE

1. The identification number ~~should be~~ by a permanent marking. The identification number ~~It should~~ be stated in the certificate ~~should~~ should and be identical to that ~~which can be found~~ on the animal. When electronic identification is used, the type of microchip and the name of the manufacturer should be specified.
2. Only vaccines produced in that comply compliance with the recommendations of the *Terrestrial Manual* ~~should be used~~ inactivated virus vaccines are authorised for international movements of dogs and cats.
3. ~~In the case of a primary Vaccination or re-vaccination should be carried out in accordance with the recommendations of the manufacturer the animal should have been vaccinated not less than 6 months and not more than 1 year prior to its introduction into the importing country; the vaccination should have been carried out when the animal was at least 3 months old.~~

~~In the case of a booster vaccination, the animal should have been vaccinated not more than 1 year prior to its introduction into the importing country.~~

4. When serological testing is required, The animal should have been subjected not less than 3 months and not more than ~~24~~12 months prior to its introduction into the importing country, to an antibody titration test. ~~It should be~~ carried out by an official diagnostic laboratory approved by the Competent Authority of the exporting country, as prescribed in the *Terrestrial Manual* with a positive result of at least 0.5IU/ml with positive result in accordance with the *Terrestrial Manual*. ~~The animal's serum should contain at least 0.5 International Units (IU)/ml.~~
5. The clinical examination referred to in Part VI of the certificate must be carried out ~~within 48 hours~~ as per the requirements in Chapter 8.10 of shipment.

The Competent Authority of the importing country may require the placing of the animals which do not comply with any of the above-mentioned conditions in a quarantine station located on its territory; the conditions of stay in quarantine are laid down by the legislation of the importing country.

6. The certification should be undertaken in accordance with Chapters 5.1. and 5.2. of the *Terrestrial Code*. ~~If the veterinarian whose name and signature appear on the certificate is not an official veterinarian, his signature must be authenticated in the relevant column by the signature and stamp of an official veterinarian. The expression 'Official Veterinarian' means a civil service veterinarian or a specially appointed veterinarian, as authorised by the Veterinary Authority of the country.~~
7. If so required, the certificate should be written in the language of the importing country. In such circumstances, it should also be written in a language understood by the certifying veterinarian.