According to the Paperwork Reduction Act of 1995, an agency may not conduct or spons control numbers for these information collections are 0579-0020, 0030, 0048, 0101, 0154 roluding the time for reviewing instructions, searching existing data sources, gathering and	or, and a person is not required to res 6, 0278, and 0432. The times require d maintaining the data needed, and cor	spond to, a collection o ed to complete these in mpleting and reviewing	of information unless it displays a valid OMB control r information collections is estimated to average .25 to g the collection of information.	number. The valid OMB 1.5 hours per response, 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432	
	the United States (C Health Certificate (<i>I</i>				
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue		Certificate Number		
1. Consignor:		2. Consignee			
3. Country Of Origin: USA		4. State Of O	-		
5. Country Of Destination: Australia		6. Zone Of Destination: ************************************			
7. Place Of Origin:		8. Port Of Embarkation / Border Crossing:			
9. Estimated Date Of Shinments		10. Means Of	Transnart.		
9. Estimated Date Of Shipment:					
11. ***********************************		12. CITES Permit Number: *********************************			
13. Description Of Commodity: Dog from Hawaii, permit dated prior March 1, 2023		14. Date Of Inspection:			
15. Total Quantity:		16. Additional Information:			
17. Total Number Of Packages/Containers:					
18. Identification / Seal Numbers:					
19. Commodities Intended Use:		20. Type Of A	Admission:		
N/A 21. Identification Of Commodities:					
(See next page)					
<pre>************************************</pre>	****	* * * * * * * * * * *	****	* * * * * * * * * * * * * * * * * * * *	
***************************************	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	***************************************	* * * * * * * * * * * * * * * * * * *	

Dog exported from the United States (Category 2) to Austral	lia
Veterinary Health Certificate (Attachment A)	



Veterinary Authority	Date Of Issue	Certificate Number	
UNITED STATES DEPARTMENT OF AGRICULTURE			

Name of animal	Date of birth (day/month/year)	Sex (Male, Neutered Male, Female, Neutered Female)	Microchip number	Site of microchij

Dog exported from t Veterinary			
Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number	
Additional Field(s):			
Import Permit number:			
Expected date of departure (day/month/year): Date of final examination and microchip scanning			
(within 5 days of export) (day/month/year):			
Certification Statements:			
Regarding the dog's sex, select	one:		
[O] If female, she is not more	e than 30 days pregna	ant or suckling young.	
[O] Not female.			
Test / treatment record:			
Leishmania infantum test: Sample collection date (day/month Test type (IFAT or ELISA): Test result (Negative):	n/year):		
Select one:			
<pre>[0] Leptospira interrogans Sample collection date (day/mont) Test type (MAT): Test result (Negative at 1:100):</pre>		st (not required if vaccin	nated):
[0] Leptospira interorgans	serovar Canicola vac	ccination (not required if	tested):
Treatment date(s) (day/month/year Treatment details (list date of 2 date booster due) (day/month/year	last vaccinated, prod	duct name, active ingredie	ent, and
Select one:			
[O] Brucella canis test (no Sample collection date (day/month Test type (RSAT or TAT or IFAT): Test result (Negative):	-	ed):	
[O] Desexed.			
Select one:			
[O] If mated, date of last	mating (day/month/ye	ear):	
[O] Not mated.			

Dog exported from the United States (Category 2) to Australia Veterinary Health Certificate (Attachment A)



```
Date Of Issue
                                                      Certificate Number
Veterinary Authority
UNITED STATES DEPARTMENT OF AGRICULTURE
_____
Additional Field(s):
                _____
Certification Statements:
 Select one:
         Babesia canis treatment (dogs that have visited mainland Africa only):
   [0]
Treatment date 1 (day/month/year):
Treatment date 2 (day/month/year) (write N/A if not applicable):
Treatment details (list product name and active ingredient):
         Never visited mainland Africa.
    [0]
External parasites treatment 1:
Treatment date 1 (day/month/year):
Treatment details (list product name, active ingredient and date treatment due)
(day/month/year):
External parasites treatment 2:
Treatment date 2 (day/month/year) (write N/A if not applicable):
Treatment details (list product name, active ingredient and date treatment due)
(day/month/year) (write N/A if not applicable):
 External parasites treatment 3:
Treatment date 3 (day/month/year) (write N/A/ if not applicable):
Treatment details (list product name, active ingredient and date treatment due)
 (day/month/year) (write N/A if not applicable):
 Internal parasites treatment 1:
Treatment date 1 (day/month/year):
Treatment details (list product name, active ingredient and date treatment due)
 (day/month/year):
 Internal parasites treatment 2:
Treatment date 2 (day/month/year):
Treatment details (list product name, active ingredient and date treatment due)
 (day/month/year):
 USDA Accredited Veterinarian: I certify that after due enquiry 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.
Accreditation Number:
Name:
Address and phone number:
```

Dog exported from the United States (Category 2) to Australia Veterinary Health Certificate (Attachment A)

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Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number	
Additional Field(s): Certification Statements:	* * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * *
Name of Accredited Veterinarian	Na	me of USDA Veterinarian	
Signature of Accredited Veterinarian		nature of USDA Veterinarian	
Date	Da	te	

A