

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



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date Of Issue

Certificate Number

1. Consignor:

2. Consignee:

3. Country Of Origin:

USA

4. State Of Origin:

5. Country Of Destination:

Australia

6. Zone Of Destination:

7. Place Of Origin:

8. Port Of Embarkation / Border Crossing:

9. Estimated Date Of Shipment:

10. Means Of Transport:

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:

N/A

20. Type Of Admission:

21. Identification Of Commodities:

(See next page)

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21. Identification Of Commodities: Continued

| Name of animal | Date of birth (day/month/year) | Sex (Male, Neutered Male, Female, Neutered Female) | Microchip number | Site of microchip |
|----------------|-----------------------------------|---|------------------|-------------------|
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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:

- ☐ If female, she is not more than 30 days pregnant or suckling young.
- ☐ Not female.

Test / treatment record:

Leishmania infantum test:
Sample collection date (day/month/year):
Test type (IFAT or ELISA):
Test result (Negative):

Select one:

☐ Leptospira interrogans serovar Canicola test (not required if vaccinated):
Sample collection date (day/month/year):
Test type (MAT):
Test result (Negative at 1:100):

☐ Leptospira interrogans serovar Canicola vaccination (not required if tested):
Treatment date(s) (day/month/year):
Treatment details (list date of last vaccinated, product name, active ingredient, and date booster due) (day/month/year):

Select one:

☐ Brucella canis test (not required if desexed):
Sample collection date (day/month/year):
Test type (RSAT or TAT or IFAT):
Test result (Negative):

☐ Desexed.

Select one:

- ☐ If mated, date of last mating (day/month/year):
- ☐ Not mated.

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Additional Field(s):

Certification Statements:

Select one:

[O] Babesia canis treatment (dogs that have visited mainland Africa only):
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):

[O] Never visited mainland Africa.

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:

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Additional Field(s):

Certification Statements:

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date