

Dogs from Hawaii or Guam

- For general information about procedures for traveling to Australia with a dog or cat, visit <http://www.agriculture.gov.au/cats-dogs>
- Dogs and cats traveling from the United States to Australia must be accompanied by a valid import permit, which provides the conditions for importing the dog or cat.
- Dogs and cats must be identified by a microchip that can be read by an Avid, Trovan, Destron, or other ISO compatible reader. **The animal's microchip number must be correctly recorded on all import documentation, including laboratory reports.**
- Failure to comply with Australia's import conditions, exactly as specified, may result in the dog or cat being (at your cost):
 - held longer in post entry quarantine
 - subject to additional testing
 - exported
 - euthanized
- **FOR SPECIFIC INSTRUCTIONS:**
 - **Read your import permit**
 - **Follow this step-by-step guide:**
[Step-by-step guide on sending a dog from Hawaii or Guam to Australia](#)
 - **Use these approved parasite treatments:**
<http://www.agriculture.gov.au/cats-dogs/step-by-step-guides/parasite-treatment>
 - **External parasite treatment** must be re-applied according to the manufacturer's instructions. For example, if the product instructions are “administer once a month” then the product must be administered no more than 31 days apart.
 - **Internal parasite treatment** must be effective against nematodes and cestodes.

Dog exported from the United States (Category 2) to Australia

Veterinary Health Certificate (Attachment A)

Parts 1-3 to be completed by Accredited Veterinarian

1. Animal details

Import Permit number:	
Name of animal:	
Date of birth: <i>(day/month/year)</i>	
Sex: (mark with an X in the appropriate box)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered male <input type="checkbox"/> Female <input type="checkbox"/> Neutered female If female, she is not more than 30 days pregnant or suckling young.
Microchip number:	
Site of microchip:	
Expected date of departure: <i>(day/month/year)</i>	
Date of final examination and microchip scanning (within 5 days of export): <i>(day/month/year)</i>	
Number of Official seal:	

2. Test / treatment record

Tests conducted	Sample collection date <i>(day/month/year)</i>	Test type	Test result
<i>Ehrlichia canis</i>		IFAT (Negative at 1:40)	
<i>Leishmania infantum</i>		IFAT* or ELISA* (Negative) [*Strike through as required]	
* <i>Leptospira</i> sv. <i>Canicola</i> (if tested) [*Strike through as required]		MAT (Negative at 1:100)	
* <i>Brucella canis</i> (if not desexed)		RSAT* or TAT or IFAT* (Negative) [*Strike through as required]	
*If mated, date of last mating: <i>(day/month/year)</i> [*Strike through as required]			

Treatments administered	Treatment date(s) <i>(day/month/year)</i>	Treatment type (list date of last vaccinated, product name, active ingredient and date booster due) <i>(day/month/year)</i>
<i>Leptospira sv. Canicola</i> (if not tested)		
<i>Babesia canis</i> (dogs that have visited mainland Africa only) [*Strike through as required]	1.	
	*2.	
External parasites [*Strike through as required]	1.	
	*2.	
	*3.	
Internal parasites	1.	
	2.	

3. Signature of 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.

<i>Signature of Accredited Veterinarian</i>	Country of export:
	Accreditation number:
	Date certificate completed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:

4. Endorsement by APHIS Veterinarian

I certify that the Accredited Veterinarian that issued the Veterinary Health Certificate is authorized by APHIS to perform this function, and that the export preparations meet the requirements described in the Australian Import Permit.

<i>Signature of APHIS Veterinarian</i>	Country of Export: United States of America
	Competent Authority: USDA APHIS Veterinary Services
	Date certificate endorsed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:
<i>Stamp of APHIS Veterinarian</i>	Email contact: