

Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Indonesia



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

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|----------------------|----------------------|
| 1. Consignor: | 2. Consignee: |
|----------------------|----------------------|

| | |
|-------------------------------------|----------------------------|
| 3. Country Of Origin: USA | 4. State Of Origin: |
|-------------------------------------|----------------------------|

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|--|---|
| 5. Country Of Destination: Indonesia | 6. Zone Of Destination: ***** |
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| | |
|----------------------------|--|
| 7. Place Of Origin: | 8. Port Of Embarkation / Border Crossing: |
|----------------------------|--|

| | |
|---------------------------------------|--------------------------------|
| 9. Estimated Date Of Shipment: | 10. Means Of Transport: |
|---------------------------------------|--------------------------------|

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|------------------|--|
| 11. ***** | 12. CITES Permit Number: ***** |
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|---|--------------------------------|
| 13. Description Of Commodity: Dogs and Cats | 14. Date Of Inspection: |
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|----------------------------|------------------------------------|
| 15. Total Quantity: | 16. Additional Information: |
|----------------------------|------------------------------------|

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|---|
| 17. Total Number Of Packages/Containers: |
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| 18. Identification / Seal Numbers: |
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|---|-------------------------------|
| 19. Commodities Intended Use: N/A | 20. Type Of Admission: |
|---|-------------------------------|

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|---|
| 21. Identification Of Commodities: (See next page) ***** ***** ***** |
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21. Identification Of Commodities: Continued

| Microchip Number or Name of Animal | Species | Breed | Age (must be at least 3 months of age) | Sex | Color or Distinctive Markings |
|------------------------------------|---------|-------|--|-----|-------------------------------|
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Certification Statements:

1. I have verified the presence of any microchips listed in box 21.

2. Rabies has not been reported within the area where the animals have lived for the last 6 (six) months.

3. The animals have resided in the United States for a period of not less than 6 (six) months preceding export.

4. The animals listed in box 21 were examined by me on this date, being within 5 days of departure, and found to be healthy and free from any clinical signs of rabies and infectious/contagious diseases of dogs and cats.

5. The animals listed in box 21 are at least 3 months old and have been vaccinated for rabies, as detailed below, using a killed vaccine.

6. The animals were subjected to a neutralizing antibody titration test with a result of 0.5IU/ml or greater, as detailed below.

7. Other vaccinations, treatments, and/or tests and results are noted below, if needed:

NOTE: The Date of Inspection (Box 14) must be within 5 days of departure.

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Rabies Vaccination

The animals listed in box 21 are at least 3 months old and have been vaccinated for rabies using a killed vaccine.

| Microchip Number/Name | Date of Rabies Vaccination | Name of Vaccine | Period of Validity: From | Period of Validity: To |
|-----------------------|----------------------------|-----------------|--------------------------|------------------------|
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Rabies Neutralizing Antibody Titration Test

The animals were subjected to a neutralizing antibody titration test with a result of 0.5IU/ml or greater.

| Microchip Number/Name | FAVN Sample Draw Date | FAVN Result | Laboratory Name |
|-----------------------|-----------------------|-------------|-----------------|
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Other Vaccinations, Treatments, and/or Tests and Results (if needed)

| Microchip Number/Name | Date Performed | Other vaccinations, treatments, and/or tests and results | Date Performed | Other vaccinations, treatments, and/or tests and results | Date Performed | Other vaccinations, treatments, and/or tests and results |
|-----------------------|----------------|--|----------------|--|----------------|--|
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| Name of Accredited Veterinarian | Name of USDA Veterinarian |
| Signature of Accredited Veterinarian | Signature of USDA Veterinarian |
| Date | Date |