

COUNTRY:

PART I: Details of Dispatched Consignment					
I.1. Consignor Name: Address: Zip Code: Telephone: Fax: Email:		I.2. Certificate Reference Number:			
		I.3. Veterinary Authority:			
		I.5. Country of Export <b>USA</b> <input type="checkbox"/> <b>CANADA</b> <input type="checkbox"/>		I.6. ISO Code <b>US</b> <input type="checkbox"/> <b>CA</b> <input type="checkbox"/>	
		I.7. Country of Destination <b>Turks and Caicos Islands</b>		I.8. ISO Code <b>TC</b>	
I.4. Consignee Name: Address: Zip Code: Telephone: Fax: Email:		I.9. Description of Commodity			
		I.10. Commodity Code (HS Code) <b>010619</b>			
I.11. Commodity Intended for use as: Pets <input type="checkbox"/>		I.12. Total Quantity		I.13. Import Admission Type <b>Single (Definitive) Entry in TC</b>	
I.14. Identification of the Commodities					
Species ( Scientific Name)	System of Identification	Date of Application of Microchip or Tattoo dd/mm/yyyy	Identification Number	Date of Birth dd/mm/yyyy	
PART II: Sanitary Requirements					
II. Sanitary Requirements for Exportation					
The animal (s) listed at I.14. is/are:					
II.1. permanently identified with a microchip transponder or tattoo. The microchip is able to read by a microchip reader and that the chip was placed before the primary rabies vaccination was given and					
II.2 the dog(s) is/are vaccinated against Canine Parvovirus, Distemper, Hepatitis/Adenovirus, Parainfluenza, Leptospirosis and  <b>Either</b> is/are vaccinated against Lyme disease in accordance with the manufacturer's data sheet <b>Or</b> is/are tested serologically negative for Lyme disease not more than 7 days prior to the date of shipment. (Idexx SNAP® 4Dx Plus® is acceptable for Lyme disease screening)					
II.3. and the cat(s) is/are vaccinated against Feline Calicivirus, Panleukopaenia, Feline Rhinotracheitis and Feline Leukaemia according to the manufacturer's data sheet.					
II.4. The animal(s) is/are treated against internal (Echinococcus multilocularis) and external parasites within 14 days of the scheduled date of shipment. (For ticks: a preparation known to have residual action should be used, e.g. products containing fipronil, amitraz, pyrethrins and permethrins). The following products are not acceptable: Shampoos, collars and products used for flea control only (e.g. Program®, Advantage®, Revolution® or Sentinel®).					
	Name and Manufacturer of Product	Date Given dd/mm/yyyy	Microchip/Tattoo Number	Administering Veterinarian's Name	
Echinococcus (tapeworm) Treatment					
External Parasite Treatment					

II.a. Certificate Reference Number:

II.5. The date of treatment in II.4. precedes the date the certificate is signed

II.6. The animal (s) was/were vaccinated against rabies:

a. not less than 3 months and not more than one year prior to shipment in the case of primary vaccination, which should have been carried out when the animal (s) was/were at least 3 months or

b. not more than the manufacturer's declaration on the duration of immunity in the case of a booster vaccine and

II.7. That the animal (s) has/ have had **at least one neutralising antibody titration test (rabies titre test) done in its lifetime** (at least 2 months after a primary vaccination or 1 month after a booster vaccination) showing a results of at least 0.5IU/ml and that after the titre test was done:

a. all booster vaccines were given before the expiration date of the previous vaccination (based on the manufacturer's declaration of the duration of immunity)

II.8. That no booster vaccination was given more than five days past the expiration date of the previous vaccination.

*[Please note that if any booster vaccination is given more than five days past the expiration date of the previous vaccination, the rabies titre test **MUST BE REPEATED** as in II.7. above]*

II.9. The details of the current rabies vaccination and the date of the sampling for the rabies titres are as follows below:

Microchip/Tattoo Number	Date of Vaccination dd/mm/yyyy	Name of Vaccine Manufacturer	Batch Number	Period of Validity dd/mm/yyyy		Date of Sampling for Titre Test
				From	To	

### PART III: Non-Sanitary Requirements

#### III. Non-Sanitary requirements for export

III.1. The animal (s) is/are spayed or neutered. Persons granted an animal breeder's licence from the Department of Agriculture, Turks and Caicos Islands are exempted from this requirement.

III.2. **These breeds are prohibited from being imported into the Turks and Caicos Islands:**

*Akita, any breed of Bulldog, any breed of Mastiff, any Pit bull including the American Staffordshire Terrier, The Staffordshire Bull Terrier and a mixed- breed dog which has any Pit Bull lineage, Bandog, Beauceron, Canary dog or Presa Canario, Doberman, Dogo Argentino, Fila Brasileiro, Japanese Tosa, Jondo, Kuvasaz, Rhodesian Ridgeback, Roman Fighting Dog, Rottweiler, South African Boerboel, any dog which appears to have been bred for fighting, and all non-domestic canine species and hybrids of such.*

I, the undersigned licensed/accredited veterinarian, certify that the identity of the animal (s) listed at I.14 is true and correct and that I have examined the said animal(s) on the date written below and found it/them to be clinically healthy and free from contagious or infectious diseases and free from external parasites. I also declare that the animal (s) listed on this certificate has/have met the sanitary requirements listed at II.1. - II.9., and the non-sanitary requirements in III.1.-III.2.

Licensed/Accredited Veterinarian

Licence Number:

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Place Signature here

Place Stamp/Seal here

II.a. Certificate Reference Number:

**OFFICIAL VETERINARIAN (CFIA or USDA/APHIS)**

I, declare that this certificate was issued not more seven (7) days prior to the date of shipment of the above mentioned commodity (ies)

NAME ( All Capitals letters)

QUALIFICATION AND TITLE:

PLACE STAMP/SEAL HERE

PLACE SIGNATURE HERE  
(different colour than of printing on this certificate)



Date of Issuance(dd/mm/yyyy)\_\_\_\_\_

**THIS CERTIFICATE IS VALID FOR 30 DAYS AFTER THE DATE OF ISSUANCE**

**DECLARATION (TO BE SIGNED BY OWNER OR AGENT FOR OWNER)**

I, the undersigned .....  
(owner or the agent of the owner who is responsible for the animal(s) described above)

Declare that the animal will accompany me, the owner, or the agent that I have designated to be responsible for the animal(s) on my behalf and are not intended to be sold or transferred to another owner.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

**Notes**

- a. In the event that during the course of transporting the animal to the Turks and Caicos Islands, it was transshipped via another country and remained there for twenty-four (24) hours and over, a veterinary certificate from the Veterinary Authority or from the Quarantine Officer must be obtained stating that the said animal (s) did not leave the quarantine area, noting the period of time in quarantine and the condition of the animal.
- b. All relevant documents (copy of import permit, and **originals** of the Veterinary Health Certificate, Vaccination certificate, Laboratory Test results, etc.) must be submitted at the port of entry in order to facilitate Veterinary clearance.

**Explanations**

**Part I**

I.9. Description of commodity: Please indicate the name, sex, breed, colour, special markings or any other feature that would identify the pet (s)

I.14.Species name (Scientific Name):

- a. Canine (Canis familiaris) if the pet is a dog, Feline (Felis catus) if the pet is a cat
- b. System of identification references either a microchip or tattoo