

Veterinary Health Certificate for Export of Cats from the United States of America (Group 3) to Australia



Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE	Date Of Issue	Certificate Number
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1. Consignor:	2. Consignee:
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3. Country Of Origin: USA	4. State Of Origin:
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5. Country Of Destination: Australia	6. Zone Of Destination: *****
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7. Place Of Origin:	8. Port Of Embarkation / Border Crossing:
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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: Cat (not Hawaii), permit dated after March 1, 2023	14. Date Of Inspection:
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15. Total Quantity:	16. Additional Information:
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17. Total Number Of Packages/Containers:

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

Name of animal	Date of birth (dd/mm/yyyy)	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 (dd/mm/yyyy):	
Date of final examination and microchip scanning (within 5 days of export) (dd/mm/yyyy):	
Name of preparing USDA Accredited Veterinarian:	
Email/Contact Details of USDA Accredited Veterinarian:	

Certification Statements:

Regarding the cat's sex, select one:

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

Not female.

Test / treatment record:

Rabies Neutralising Antibody Titre Test (RNATT):

Sample collection date (dd/mm/yyyy):

Date arrived at laboratory (dd/mm/yyyy):

Test type (FAVN or RFFIT):

Test result (positive at greater than or equal to 0.5 IU/mL):

Rabies vaccination:

Vaccination date(s) (dd/mm/yyyy):

Vaccination type: List all of the following: vaccine name, batch number, expiry date (dd/mm/yyyy), and date next booster due (dd/mm/yyyy):

External parasites treatment 1:

Treatment date 1 (dd/mm/yyyy):

Treatment type: List all of the following: product name, active ingredient(s), and dose rate:

External parasites treatment 2:

Treatment date 2 (dd/mm/yyyy) (write N/A if not applicable):

Treatment type: List all of the following: product name, active ingredient(s), and dose rate (write N/A if not applicable):

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Certification Statements:

External parasites treatment 3:

Treatment date 3 (dd/mm/yyyy) (write N/A/ if not applicable):

Treatment type: List all of the following: product name, active ingredient(s), and dose rate (write N/A if not applicable):

Internal parasites treatment 1:

Treatment date 1 (dd/mm/yyyy):

Treatment type: List all of the following: product name, active ingredient(s), and dose rate:

Internal parasites treatment 2:

Treatment date 2 (dd/mm/yyyy):

Treatment type: List all of the following: product name, active ingredient(s), and dose rate:

Declarations:

1. Either:

The cat was exported from Australia on (dd/mm/yyyy) and a copy of the Australian export permit is attached.

The cat underwent an identity verification on (dd/mm/yyyy) which is at least 180 days prior to the scheduled date of export to Australia and a copy of the identification declaration is attached.

The cat was not exported from Australia and has not undergone an identity verification.

2. The cat was free from signs of clinical or infectious disease during the final inspection within 5 days of export.

3. The cat's rabies vaccination is current according to manufacturer directions at the scheduled date of export to Australia.

4. The cat is fit and healthy to undertake the journey to Australia and undergo quarantine.

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Certification Statements:

USDA Accredited Veterinarian: I certify that after due enquiry all the information provided in this Veterinary Health Certificate is true and the cat 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, phone number, and email contact:

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date