

Veterinary Health Certificate for Export of Dogs from Hawaii and Guam (Group 2) 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: Dog from 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:

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 dog's sex, select one:

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

Regarding mating, select one:

- If mated, date of last mating (dd/mm/yyyy):
- Not mated.

Test / treatment record:

Leishmania infantum test:
 Sample collection date (dd/mm/yyyy):
 Test type (IFAT or ELISA):
 Test result (Negative):

Select one:

Leptospira interrogans serovar Canicola test (not required if vaccinated):
 Sample collection date (dd/mm/yyyy):
 Test type (MAT):
 Test result (Negative at 1:100):

Leptospira interrogans serovar Canicola vaccination (not required if tested):

Vaccination 1:

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

Vaccination 2:

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

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Additional Field(s):

Certification Statements:

Select one:

[0] Brucella canis test (not required if spayed/neutered):
Sample collection date (dd/mm/yyyy):
Test type (RSAT or TAT or IFAT):
Test result (Negative):

[0] Spayed/neutered.

Select one:

Canine influenza virus vaccination:

Vaccination 1:

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

Vaccination 2:

(write N/A if not applicable)

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

Canine influenza virus vaccination not required for dogs from Guam.

Select one:

[0] Babesia canis rossi treatment (dogs that have visited mainland Africa only):
Treatment date(s) (dd/mm/yyyy):
Treatment type: List all of the following: product name, active ingredient(s), and dose rate:

[0] Never visited mainland Africa.

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:

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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):

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

[O] The dog 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.

[O] The dog is less than 6 months of age at the time of export and an identity verification took place on (dd/mm/yyyy) and a copy of the identification declaration is attached.

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

3. The dog 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 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, phone number, and email contact:

Name of Accredited Veterinarian

Name of USDA Veterinarian

Signature of Accredited Veterinarian

Signature of USDA Veterinarian

Date

Date