


<b>Veterinary Health Certificate for Export of Dogs from the United States of America (Group 3) to Australia</b>		
<b>Veterinary Authority</b> UNITED STATES DEPARTMENT OF AGRICULTURE	<b>Date Of Issue</b>	<b>Certificate Number</b>
<b>1. Consignor:</b>	<b>2. Consignee:</b>	
<b>3. Country Of Origin:</b> USA	<b>4. State Of Origin:</b>	
<b>5. Country Of Destination:</b> Australia	<b>6. Zone Of Destination:</b> *****	
<b>7. Place Of Origin:</b>	<b>8. Port Of Embarkation / Border Crossing:</b>	
<b>9. Estimated Date Of Shipment:</b>	<b>10. Means Of Transport:</b>	
<b>11.</b> *****	<b>12. CITES Permit Number:</b> *****	
<b>13. Description Of Commodity:</b> Dog (not Hawaii), permit dated after March 1, 2023	<b>14. Date Of Inspection:</b>	
<b>15. Total Quantity:</b>	<b>16. Additional Information:</b>	
<b>17. Total Number Of Packages/Containers:</b>		
<b>18. Identification / Seal Numbers:</b> *****		
<b>19. Commodities Intended Use:</b> N/A	<b>20. Type Of Admission:</b>	
<b>21. Identification Of Commodities:</b>  (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):**

<b>Import permit number:</b>	
<b>Expected date of departure (dd/mm/yyyy):</b>	
<b>Date of final examination and microchip scanning (within 5 days of export) (dd/mm/yyyy):</b>	
<b>Name of preparing USDA Accredited Veterinarian:</b>	
<b>Email/Contact Details of USDA Accredited Veterinarian:</b>	

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**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:

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):

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):

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**Certification Statements:**

[0] 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):

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.

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):

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):

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**Certification Statements:**

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:

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:

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**Certification Statements:**

Declarations:

1. Either:

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

[0] 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.

[0] The dog was not exported from Australia and has not undergone an identity verification.

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

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

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

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:

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**Name of Accredited Veterinarian**

**Name of USDA Veterinarian**

**Signature of Accredited Veterinarian**

**Signature of USDA Veterinarian**

**Date**

**Date**