## RABIES NEUTRALISING ANTIBODY TITRE TEST (RNATT) DECLARATION

Section A: Official Government Veterinarian (USDA APHIS Veterinary Medical Officer)

1. Name:			
2. Competent authority of the exporting country:			
3. Address of the competent authority:			
Street address (PO box not accepted):			
Suburb/Town/City:State / province:			
Zip / Postcode: Country:			
Section B: Animal identification details			
4. Name of animal:			
5. Date of birth (dd/mm/yyyy) or Age:			
6. Sex: Male Neutered male Female Neutered female			
<ol> <li>Description (breed, colour):</li> </ol>			
8. Microchip number (must be 10 or 15 digits):			
Second microchip number (if required)			
Section C: Rabies vaccination			
<ol> <li>Date of the last rabies vaccination (dd/mm/yyyy):</li></ol>			
10. Name/manufacturer of vaccine:      11. Batch/serial/lot number:      12. Expiry date (dd/mm/yyyy):			
13. Booster due date (dd/mm/yyyy):			
14. Was the animal at least 12 weeks (84 days) of age when it had its last rabies vaccination before blood sampling for the RNATT?			
YES – go to section D NO – do not complete this declaration			
Section D: Rabies neutralising antibody titre test results			
15. Did a testing laboratory recognised by the competent authority in the country of			

export issue the RNATT?

YES – go to next question	NO – do not complete this declaration
16. Name of the testing laboratory:	
17. Address of testing laboratory	
Street address (PO box not accepted): _	
Suburb/Town/City:	_State / province:
Zip / Postcode:	Country:
18. Microchip number that appears on	the RNATT report (must be 10 or 15 digits):
Second microchip number (if applicable	e):
19. Name of the government-approved	veterinarian who collected the blood sample:
20. Address of the veterinary clinic wh	ere the blood sample was collected
Street address (PO box not accepted): _	
Suburb/Town/City:	_State / province:
Zip / Postcode:	Country:
21. Country where the blood sample w	as collected:
-	a country approved by the Australian Department ry to export dogs and cats to Australia?
YES – go to next question	NO – do not complete this declaration
23. Can you confirm that no amendmen of sampling and microchip number	nts have been made to the place of sampling, date as on the laboratory report?
YES – go to next question	NO – do not complete this declaration
24. Blood samples for the RNATT were	e collected on (dd/mm/yyyy):
25. The date the testing laboratory rece	ived the blood sample was (dd/mm/yyyy):

26. The RNATT result is at least 0.5 IU/ml as per international standards

YES - go to next question

27. Name of person completing RNATT declaration:

## Section E: USDA APHIS Veterinary Medical Officer declaration

To be completed by the person named in section A of this form.

I declare that:

- I have sighted a current rabies vaccination certificate and RNATT laboratory report for the animal identified in section B.
- the information I have provided is true and correct to the best of my knowledge.

	Country of export: United States of America
	Competent Authority:
Signature of USDA APHIS Veterinary Medical Officer	USDA APHIS
	Date certificate completed:
Stamp of USDA APHIS Veterinary Medical Officer	(day/month/year)
	Name:
	Address:
	Phone number:
	Email contact:

\* The list of approved countries for the direct import of cats and dogs to Australia can be found on the department's website at <u>agriculture.gov.au/biosecurity-trade/cats-dogs/step-by-step-guides</u>