Veterinary Health Certificate for Export of Dogs and Cats from the United States of America to Indonesia

Veterinary Authority	**Date Of Issue**	**Certificate Number**
UNITED STATES DEPARTMENT OF AGRICULTURE		

1. Consignor:	**2. Consignee:**
3. Country Of Origin: **United States of America**	**4. State Of Origin:**
5. Country Of Destination: **Indonesia**	**6. Zone of Destination:** **********
7. Place Of Origin: ********** ********** **********	**8. Port of Embarkation / Border Crossing:** ********** ********** **********
9. Estimated Date Of Shipment:	**10. Means Of Transport:**
11. ********** **********	**12. CITES Permit Number:** ********** **********
13. Description Of Commodity: **DOG(S)** ☐ **CAT(S)** ☐	**14.** ********** **********
15. Total Quantity:	**16. Total Number Of Packages/Containers:** ********** **********

17. Additional Information:
****
****

18. Identification / Seal Numbers:
****
****

19. Commodities Intended Use:	**20. Type Of Admission:**
Pet (Personal)	********** **********

21. Identification Of Commodities:

Microchip Number or Name of Animal	Species	Breed	Age*	Sex	Color or Distinctive Markings

* Animals must be at least 3 months of age

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Certification Statements:

1. I have verified the presence of any microchips listed in box 21.
2. Rabies has not been reported within the area where the animals have lived for the last 6 (six) months.
3. The animals have resided in the United States for a period of not less than 6 (six) months preceding export.
4. The animals listed in box 21 were examined by me on this date, being within 5 days of departure, and found to be healthy and free from any clinical signs of rabies and infectious/contagious diseases of dogs and cats.
5. The animals listed in box 21 are at least 3 months old and have been vaccinated for rabies, as detailed below, using a killed vaccine:

Microchip Number/Name	Date of Rabies Vaccination	Name of Vaccine	Period of Validity	
			From	To

6. The animals were subjected to a neutralizing antibody titration test with a result of 0.5IU/ml or greater, as detailed below:

Microchip Number/Name	FAVN Sample Draw Date	FAVN Result	Laboratory Name

7. Other vaccinations, treatments, and/or tests and results, if needed:

Microchip Number/Name	Date Performed	Other vaccinations, treatments, and/or tests and results	Date Performed	Other vaccinations, treatments, and/or tests and results	Date Performed	Other vaccinations, treatments, and/or tests and results

This certificate is valid for 30 days after issuance.

Name of USDA-Accredited Veterinarian	Name of USDA Veterinarian
Signature of Accredited Veterinarian	Signature of USDA Veterinarian
Date	Date

Protocol February 2012