According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432. The times required to complete these information collections is estimated to average .25 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579- 0020, 0036, 0048, 0101, 0156, 0278, and 0432

Veterinary Health Certificate for Export of Pet Dogs from the United States of America to Mauritius

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

1. Consignor:	2. Consignee:
3. Country Of Origin: USA	**4. State Of Origin:**
5. Country Of Destination: Mauritius	**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: Dogs	**14. Date Of Inspection:**
15. Total Quantity:	**16. Additional Information:**

17. Total Number Of Packages/Containers:

18. Identification / Seal Numbers:

19. Commodities Intended Use:	20. Type Of Admission:
Pet	

21. Identification Of Commodities:

(See next page)

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Veterinary Health Certificate for Export of
Pet Dogs from the United States of America to Mauritius

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

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21. Identification Of Commodities: Continued

Microchip Number (Required)	Animal Name	Age	Sex	Breed *	Coat Color	Distinctive Markings

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Veterinary Health Certificate for Export of Pet Dogs from the United States of America to Mauritius

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

Additional Field(s):

Date of Import Permit:	
Import Permit Number:	

Certification Statements:

I, the undersigned USDA Accredited Veterinarian, certify to the following statements:

1. I have verified the presence of all microchips listed in box 21 (required).

2. The dogs for export showed no clinical signs of rabies and other infectious diseases the day of inspection; AND

a) The dogs were vaccinated or revaccinated in accordance with the recommendations of the manufacturer, with a rabies vaccine that is licensed for use in the United States, and are current on rabies vaccinations.

b) The dogs were subjected not less than 3 months and not more than 12 months prior to shipment to an antibody titration test as prescribed in the WOAH Terrestrial Manual, with a result of at least 0.5 IU/ml, in a laboratory approved by APHIS.

The rabies titer test sample must be drawn at least four (4) weeks after the previous rabies vaccination.

A waiting period of at least three (3) months must be observed as from date of sampling to date of departure.

The rabies titer test result is valid for twelve (12) months from date of sampling to the date of departure.

3. The dogs were tested negative for Ehrlichia canis, using Indirect Fluorescent Antibody Test (IFAT) with a negative result at a dilution of 1:40, within 45 days prior to departure.

4. The dogs were tested negative for Brucella canis, using a rapid slide agglutination test (Microscopic agglutination test) or a tube agglutination test, with a negative result.

5. The dogs were vaccinated against Canine Distemper, Canine Hepatitis, Canine Parvovirus, and Leptospirosis more than two (2) weeks prior to export. Vaccination dates, manufacturer, batch number, and expiration dates are noted on the table below.

6. The dogs were treated with a long lasting insecticide against ectoparasites within five (5) days prior export.

7. The dogs were treated with approved anthelmintics effective against internal parasites (nematodes and cestodes) within five (5) days prior export.

* NOTE: The importation of the following dog breeds are not allowed into the Republic of Mauritius: American Pitbull Terrier, American Staffordshire Terrier, Staffordshire

Veterinary Health Certificate for Export of
Pet Dogs from the United States of America to Mauritius

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

Additional Field(s):

Certification Statements:

Terrier, Blue Nose Pitbull, Red Nose Pitbull, Japanese Tosa, Dogo Argentino, Fila Brasilerio, and Boerboel.

This certificate is valid for three (3) days from date of issuance to date of departure from the United States.

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UNITED STATES DEPARTMENT OF AGRICULTURE

Rabies Vaccination Table

Row#	Date of Most Recent Rabies Vaccination	Name of Rabies Vaccination Product	Rabies Vaccine Manufacturer	Rabies Vaccine Batch Number	Date of Rabies Vaccination Expiration

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Rabies Titer Test Table

Row#	Date of Sample Collection of Rabies Titer Test	Result of Rabies Titer Test	Name of Laboratory Used

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Disease Test Table

Row#	Ehrlichia canis Test Date (within 45 days of export)	Ehrlichia canis Test Result	Brucella canis Test Date	Brucella canis Test Result

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Vaccinations Table

Row#	Date of Canine Distemper, Hepatitis, Parvovirus (DHP) Vaccination	Name of DHP Vaccine Manufacturer	DHP Vaccine Batch Number	DHP Vaccine Expiration	Date of Leptospirosis Vaccination	Name of Lepto Vaccine Manufacturer	Lepto Vaccine Batch Number	Lepto Vaccine Expiration

UNITED STATES DEPARTMENT OF AGRICULTURE

Vaccinations Table

Ectoparasite Parasite Treatment
Dogs must be treated with a long lasting insecticide against ectoparasites within five (5) days prior to export.

Row#	Name of Ectoparasite Parasite Treatment Product Used	Date of Most Recent Ectoparasite Parasite Treatment Application

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Internal Parasite Treatment
Dogs must be treated with approved anthelmintics effective against internal parasites (nematodes and cestodes) within five (5) days prior to export.

Row #	Name of Internal Parasite Treatment Product Used	Date of Most Recent Internal Parasite Treatment Application

Name of Accredited Veterinarian	**Name of USDA Veterinarian**
Signature of Accredited Veterinarian	**Signature of USDA Veterinarian**
Date	**Date**