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

Veterinary Health Certificate for Export of Pet (Personal) Dogs from the United States of America to Bahamas

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: Bahamas	**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: Pet (Personal)	**20. Type Of Admission:**

21. Identification Of Commodities:

(See next page)

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Veterinary Health Certificate for Export of
Pet (Personal) Dogs from the United States of America to Bahamas

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

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21. Identification Of Commodities: Continued

Animal Name	ISO compliant microchip # (REQUIRED)	Breed	Age	Sex	Color or Distinctive Markings

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Veterinary Health Certificate for Export of
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Veterinary Authority	Date Of Issue	Certificate Number
UNITED STATES DEPARTMENT OF AGRICULTURE		

Certification Statements:

1. The animals will be at least six (6) months of age at the time of export to the Bahamas.

2. The animals were implanted with an ISO-compliant microchip prior to receiving a rabies vaccination.

3. The animals have been vaccinated against rabies and the most recent vaccine was administered at not less than twelve (12) weeks of age as follows:

a. ◯ For a one (1) year vaccine: the vaccine was administered no more than ten (10) months and no less than one (1) month prior to importation.

b. ◯ For a three (3) year vaccine: the vaccine was administered no more than thirty-four (34) months and no less than one (1) month prior to importation.

4. The animals were vaccinated against canine distemper, parvovirus, leptospirosis, hepatitis, and parainfluenza no less than ten (10) days prior to export.

5. Within 10 days prior to export:

a. The animals were treated for external parasites.

b. The animals were treated against internal parasites using broad-spectrum anthelmintic licensed for use in the United States.

6. The animals are NOT one of the following breeds or crosses thereof, which are prohibited from importation into the Bahamas: Pit Bull, Presa Canario, Cane Corso, American Bully, Dogo Argentino, Staffordshire Terrier.

7. Regarding New World Screwworm:

a. ◯ The animals do NOT originate from a New World Screwworm-infested zone as defined by APHIS.

b. ◯ The animals DO originate from a New World Screwworm-infested zone as defined by APHIS, AND the animals:

1. Were clinically examined within ten (10) days prior to export and found free from wounds, surgical sites not fully healed, and evidence of myiasis.
2. Were inspected carefully for the presence of larvae in the natural body openings and skin folds.
3. Were treated within ten (10) days prior to export with an ectoparasitic product effective against myiasis-causing flies and approved for use in the United States.
4. If surgical procedures were performed within fourteen (14) days prior to export, the surgical sites were fully healed and free from infestation.

8. The animals were inspected within 10 days prior to export to the Bahamas and determined to be free from internal and external parasites, and were in good health and free from clinical signs of infectious or contagious disease.

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Veterinary Health Certificate for Export of
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Veterinary Authority	Date Of Issue	Certificate Number
UNITED STATES DEPARTMENT OF AGRICULTURE		

Rabies Vaccines

Animal Name	Microchip # (required)	Date of most recent rabies vaccination	Rabies vaccine duration of protection (1 year or 3 years)

External and Internal Parasite treatments

Animal name	Microchip # (required)	External parasite treatment product	Date of external parasite treatment	Internal broad-spectrum anthelmintic product	Date of internal broad-spectrum anthelmintic treatment

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