Instructions for USDA-Accredited Veterinarians Completing the "New World Screwworm (NWS) Inspection Certificate for Pet Dogs Moving (Exporting) from the United States to Mexico"

1. **Name of Veterinary Clinic, office, or hospital**: Fill out the clinic name
2. **Full address**: of the Veterinary clinic/office/hospital
3. **Telephone number**: of the Veterinary clinic/office/hospital
4. **Email**: of the Veterinary clinic/office/hospital
5. **Place of Issue**: list the City and State of the clinic
6. **Date of Issue and NWS Inspection**:
    a. Note the date format (DD/MM/YYYY)
    b. This date MUST be *within* five (5) days prior to entry. i.e. if the dog is entering Mexico on 6th, the form cannot be completed before the 2nd. If the inspection date is outside of the 5 day window, the dog may be denied entry or held at the border until it can be validated.
7. **Owner details**: Please complete with information about the owner of the dog(s)
8. **Pet data**:
    a. **Species**: Note that this form is *only* for dogs. DO NOT line out and write in another type of animals. Including species OTHER than dogs will render the document invalid and the traveler and pet/s will be subject to rejection by customs reviewing officials in Mexico. *Please see the APHIS Pet Travel Website to view the requirements for other types of pets to travel to Mexico, as well as to view the requirements for a pet to travel (return) to the United States: https://www.aphis.usda.gov/pet-travel#modal-link-cdc-alert* .
    b. Fill in all other pet information as applicable.
        i. Please note that the "Identification" field refers to the pet's name.
        ii. Mexico does not require a microchip, but you may list the microchip number in the "Microchip (optional)" column.
9. **Certification Statements**:
    a. This is an *either/or* statement. Please line-out the appropriate statement that does not apply to the dog.
    b. *ONLY fill in treatment information* if the **dog was diagnosed as being infested with screwworm, held in isolation, and treated until free**. The treatment information is ONLY for this statement and is not meant for preventatives the dog may be on.
10. **Full name of USDA-Accredited Veterinarian**: Please legibly write the name that is listed through the National Veterinarian Accreditation Program (NVAP). This will be validated at the

border and listing an inaccurate or illegible name can result in the dog being denied entry or held at the border. All information entered MUST match your information as listed on the NVAP lookup tool or the traveler and their pet/s will be subject to rejection.

11. **USDA Accreditation Number**: Please legibly write the Accreditation Number that is listed through the National Veterinarian Accreditation Program (NVAP). This will be validated at the border and listing an inaccurate or illegible Accreditation Number can result in the dog being denied entry or held at the border.

12. **Signature**: As noted, this form cannot be issued with a digital signature. ONLY a handwritten signature applied with non-black (e.g. blue, red) ink will be accepted (the signature cannot be the same color as the certificate text).

13. This form is to be issued directly by the USDA-Accredited veterinarian. Once issued, it should be provided directly to the traveler/owner, who must have the original document on hand to present to Mexico's border officials. **This document does NOT require APHIS endorsement.**

Name of Veterinary clinic, office or hospital / *Nombre de la clínica, consultorio u hospital veterinario:*

Full address / *dirección completa*:

Telephone number / *Número telefónico:*

Email / *Correo electrónico:*

NWS Inspection Certificate for Pet Dogs Moving (Exporting) from the United States to Mexico / *Certificado de Inspección GBG para el Traslado (Exportación) de Perros Mascota de los Estados Unidos a México*

Place of issue ***Lugar de emission***	City, State *Ciudad, Estado*					
Date of issue and NWS inspection ***Fecha de emission y de inspección GBG***	DD/MM/YYYY *DD/MM/AAAA* **This date must be within 5 days prior to entry into Mexico /** *Esta fecha debe ser dentro de los 5 días previos a la entrada a México*					
Owner details ***Datos del propietario***	Name *Nombre*					
	Full Address *domicilio completo*					
	Telephone Number *número telefónico*					
	Email Address (optional) *correo electrónico (opcional)*					
Pet data ***Datos de la mascota***	**Species** *Especie*	**Breed** *Raza*	**Identification** *Identificación*	**Age (months)** *Edad (meses)*	**Sex** *Sexo*	**Microchip Number (if applicable)** *Número de microchip (si corresponde)*
	Canine					
	Canine					
	Canine					
	Canine					
	Canine					
Certification statements (line out statement that does not apply) / *Declaraciones de certificación (Tache la*	**The animals were thoroughly inspected (skin including interdigital areas and folds, ear canal, mucous membranes: oral, nasal, conjunctival, vulvar or preputial) for and determined to be free of NWS. /** *Se inspeccionó minuciosamente a los animales (piel, incluidas las zonas interdigitales y los pliegues, conducto auditivo y mucosas: oral, nasal, conjuntival, vulvar o prepucial) y se determinó que estaban libres de GBG.* **OR** */ O*					

afirmación que no corresponda)	**The animals were thoroughly inspected (skin including interdigital areas and folds, ear canal, mucous membranes: oral, nasal, conjunctival, vulvar and/or preputial) and diagnosed as being infested with screwworm, held in isolation, and treated until free of NWS and any wounds were fully healed. /** *Los animales fueron inspeccionados minuciosamente (piel que incluye zonas interdigitales y pliegues, canal auditivo, mucosas: oral, nasal, conjuntival, vulvar o prepucial), y se diagnosticó que estaban infestados con gusano barrenador, se mantuvieron en aislamiento y se administró tratamiento hasta que estuvo libre de GBG y que todas las heridas hubieran cicatrizado completamente.* **Date of treatment /** *Fecha de tratamiento:* **Brand name of product /** *Nombre comercial del producto:* **Active ingredient(s) /** *Ingrediente(s) activo(s):* **Lot # /** *Lote #:*

Full name of USDA-Accredited Veterinarian / *Nombre completo del veterinario acreditado por el USDA:*

_____

USDA Accreditation number / *Número de acreditación del USDA:*

_____

Handwritten signature (not digital signature) in a different color ink than the document printout / *Firma manuscrita (no firma digital) con tinta de un color diferente al de la impresión del documento:*

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