



Veterinary Health Certificate for exporting Dogs, Cats, and Ferrets to the State of Kuwait

Exporting country: United States of America

To be endorsed by the official government veterinarian

I- General Information

1.1 Exporter Name: Address:		1.2 Health Certificate No.:															
1.3 Veterinary Authority: USDA, Animal and Plant Health Inspection Service (APHIS), Veterinary Services (VS)																	
1.4 Importer Name: Address:																	
1.5 Country of Origin: United States of America ISO CODE: USA																	
1.6 Import/Country of Destination: State of Kuwait																	
1.7 Port of Departure:		1.8 Date of Departure:															
1.9 Transport means (By Air/Sea/Land):		1.10 Border Post															
1.11 Import Type (Trade/Personal):																	
1.12 Name of Animal:		1.13 For Import (Permanent import/Temporary Entry):															
1.14 Microchip No.: 10 to 15 digits <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																	
1.15 Animal Species: ☐ Dog ☐ Cat ☐ Ferret																	
1.16 Breed:		1.17 Date of Birth/ Age:															
1.18 Animal Description (Color, Hair, Any Identifying Marks):																	



II- Health information

1. **Vaccination for Rabies (Dogs/Cats/Ferrets):** Dogs, cats, and ferrets originating from countries considered infected with rabies.

I, _____ the undersigned, declare herewith that I have vaccinated the animal described in Part I or I have seen evidence that the animal has been vaccinated, against rabies as shown below.

Date of vaccination dd/mm/yy	Name of the vaccine (see note 1)	1. Manufacturing company/lab 2. Batch 3. Date of expiry
		1. _____ 2. _____ 3. _____

Period of validity of vaccination for international movement (see note 2)		Name (in capital letters) and signature of the Certifying Veterinarian
dd/mm/yy (from)	dd/mm/yy (to)	

Notes:

- Only vaccines produced in compliance with the recommendations of the WOAHA Terrestrial Manual should be used.
- Vaccination or Re-vaccination should be carried out in accordance with the recommendation of manufacturer.

III- Serological testing for Rabies(Dogs/cats/Ferrets):

I, _____ the undersigned, declare herewith that a blood sample has been taken from the animal described in Part I with the following result from the official diagnostic laboratory, which carried out the antibody titration test.

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Result of the antibody titration test (in International Units [IU]/ml)

Period of validity of serological testing for international movement (see note)		Name (in capital letters) and signature of the Certifying Veterinarian
dd/mm/yy	dd/mm/yy	

Note: Serological testing is required; the animal should have been subjected not less than 3 months and **not more than 12 months prior** to its introduction into the importing country, to an antibody titration, as prescribed in the WOAHA Terrestrial Manual with a positive result of at least 0.5 IU.



IV- Vaccination for other diseases (dogs):

Name of the disease	Vaccine type: live/killed	Date of vaccination dd/mm/yy	Validity period (See Note)	Name of the manufactures Batch Date of expiry	Name (in capital letters) and signature of the Certifying Veterinarian
Canine Parvovirus					
Canine Distemper virus					
Infectious Canine Hepatitis					
Leptospirosis (Icterohemorrhagiae & Canicola)					

V- Vaccination for other diseases (cats):

Name of the disease	Vaccine type: live/killed	Date of vaccination dd/mm/yy	Validity period (See Note)	Name of the manufactures Batch Date of expiry	Name (in capital letters) and signature of the Certifying Veterinarian
Feline Panleukopenia					
Feline Rhinotracheitis					
Feline Calicivirus					

Note: Vaccination or re-vaccination should be carried out in accordance with the recommendation of manufacturer

VI- Treatment for internal and external parasites:

- The animals were treated against internal and external parasites within 14 days prior to export.

VII- Clinical examination:

I, _____ the undersigned declare herewith that I have examined the animal described in Part I on the date indicated below, and that the animal was found to be free from clinical signs of infectious diseases and fit to travel.

Imported animals should be kept in the Quarantine station in Kuwait as per the veterinary legislation when the above-mentioned conditions are not met by the exporting country.

VIII- Animal Transport: The animal described in this certificate transported in accordance with the IATA regulations.

Date	Place	Stamp and Signature of the Official Veterinarian
Name in block capitals and designation		USDA Accredited Veterinarian