

## Veterinary Certificate for the Export of Dog/Cat from Guam to Taiwan

Country (zone) of origin: Guam

Import permit number: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Exporter name and address (if different than owner): \_\_\_\_\_

### Description of dog/cat (Quantity 1):

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age or date of birth: \_\_\_\_\_

Microchip number: \_\_\_\_\_

Note: The pregnant dog/cat will be allowed entry into Taiwan only if the pregnancy is under 4 weeks at the time of shipment.

### Rabies vaccination (inactivated vaccines only<sup>1</sup>):

Name: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Vaccination date: \_\_\_\_\_ (yyyy/mm/dd)

Note: The dog/cat shall have been vaccinated, at the age of at least 90 days old, no less than 30 days and no more than one year prior to shipment.

### Residency (please tick one):

- The dog/cat has been raised in Guam continuously for at least 6 months prior to shipment or since birth.
- The dog/cat has been continuously resident in Guam since it arrived from Taiwan.

### Status:

No case of rabies has been reported in Guam for the last 2 years.

### Clinical examination:

I, \_\_\_\_\_, the undersigned licensed veterinarian certify that the dog/cat described above has been examined before departure on the date indicated below and that it showed no clinical sign of rabies.

Date of examination: \_\_\_\_\_ Signature: \_\_\_\_\_  
(yyyy/mm/dd)

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<sup>1</sup> Merial Purevax™ vaccines are accepted.

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the Certificate No.)

**Transport:**

The owner has been advised that the dog/cat cannot be transshipped through country (zone) not recognized as rabies-free by Taiwan.

**Validity:**

The animal must arrive in Taiwan within 30 days of the date of endorsement for the health certificate to be considered valid.

\_\_\_\_\_  
Name of Issuing Authorized Veterinarian

\_\_\_\_\_  
Name of Endorsing Federal Veterinarian

\_\_\_\_\_  
Signature of Issuing Authorized Veterinarian

\_\_\_\_\_  
Signature of Endorsing Federal Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date