

Instructions for USDA Accredited Veterinarians: Filling Out International Health Certificates for Pets



| | | |
|--|--|--|
| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue Date you sign the health certificate | Certificate Number Leave blank |
|--|--|--|

You must complete all fillable fields. Do not complete fields with asterisks (**) or diagonal line outs. Failure to accurately complete all required fields may delay endorsement by your USDA Endorsement Office.**

| | |
|--|---|
| 1. Consignor: <p style="text-align: center;">Name and address of the pet owner/exporter in the United States (U.S.)</p> | 2. Consignee: <p style="text-align: center;">Name and address of the pet owner/ importer in the destination country</p> <p style="text-align: center;">Must include the destination country's name</p> |
| 3. Country Of Origin: USA | 4. State Of Origin: <p style="text-align: center;">U.S. state/territory where the pet currently resides</p> |
| 5. Country Of Destination: <p style="text-align: center;">Country to which the pet will be moved</p> | 6. Zone Of Destination: ***** |
| 7. Place Of Origin: <p style="text-align: center;">U.S. address where the pet currently resides. This is <u>not</u> where the pet was born.</p> | 8. Port Of Embarkation / Border Crossing: <p style="text-align: center;">U.S. airport, sea port or land border port from which the pet is leaving.</p> |
| 9. Estimated Date Of Shipment: <p style="text-align: center;">Date the pet will depart the U.S.</p> | 10. Means Of Transport: <p style="text-align: center;">How the pet is traveling to the destination country (e.g., airplane)</p> |
| 11. ***** <p style="text-align: center;">Do <u>not</u> record information in fields with asterisks or line</p> | 12. CITES Permit Number: ***** |
| 13. Description Of Commodity: <p style="text-align: center;">Type of pet (common versus scientific name may be required)</p> | 14. Date Of Inspection: <p style="text-align: center;">Date you examined the pet before issuing the health certificate</p> |
| 15. Total Quantity: <p style="text-align: center;">Number of pets certified on this health certificate</p> | 16. Additional Information: <p style="text-align: center;">Leave blank</p> |
| 17. Total Number Of Packages/Containers: <p style="text-align: center;">The number of shipping containers for transporting the pets on the health certificate to the destination country.</p> | |
| 18. Identification / Seal Numbers: <p style="text-align: center;">The number located on the seal used to close the shipping container(s). If no seal is required, type "Not Applicable."</p> | |
| 19. Commodities Intended Use: <p style="text-align: center;">How the pet will be used in the destination country (e.g., as a pet).</p> <p style="text-align: center;">If this is pre-printed on the health certificate, <u>do not</u> change it.</p> | 20. Type Of Admission: <p style="text-align: center;">How long the pet will reside in the destination country (e.g., permanent, temporary).</p> <p style="text-align: center;">If this is pre-printed on the health certificate, <u>do not</u> change it.</p> |

21. Identification Of Commodities:
Complete the required information in each column for every pet included on the health certificate.

| Animal Identification | Species | Breed | Age | Sex | Color and Distinctive Markings |
|-----------------------|---------|-------|-----|-----|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

The above information must match the corresponding information on supporting documentation (e.g., rabies vaccination certificate).

Instructions for USDA Accredited Veterinarians: Filling Out International Health Certificates for Pets



Veterinary Authority

UNITED STATES DEPARTMENT OF AGRICULTURE

Date of Issue

Date you sign the health certificate

Certificate Number

Leave blank

Certification Statements:

1. I have verified the presence of the microchip(s) listed in box 21.
2. The animal(s) has/have been found to be clinically healthy and free from observable cutaneous diseases.

Certification statements like these do not require any additional information. By issuing the health certificate, you are declaring the statements are true for the animal. If a statement will not be true at the time you issue the health certificate or by the time the animal arrives in the destination country, do not issue the health certificate.

6. Rabies vaccination requirements- Either:

The animals listed in box 21 above are younger than 3 (three) months of age and too young for rabies vaccination

OR

The animals listed in box 21 above have been vaccinated for rabies, as noted below, at least 1 month prior to import into Aruba and the period of validity for the vaccination has not elapsed. *(note: animals receiving booster (non-initial) rabies vaccinations may travel to Aruba without the 1 month waiting period, as long as the previous rabies vaccination is not expired at the time of booster.)*

You must select the applicable statement. If neither statement is true, do not issue the health certificate.

| Microchip Number of Animal | Date of Rabies Vaccination | Name & Manufacturer of Vaccine | Batch/Serial Number & Expiration Date | Period of Validity | |
|----------------------------|----------------------------|--------------------------------|---------------------------------------|--------------------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Certification statements may require you to record information about required vaccinations, testing, and treatment. You must record all the information the destination country requires. Do not provide information beyond what is required. If you do not have the required information and cannot obtain it, do not issue the health certificate.

Instructions for USDA Accredited Veterinarians: Filling Out International Health Certificates for Pets



| | | |
|--|--|--|
| Veterinary Authority UNITED STATES DEPARTMENT OF AGRICULTURE | Date Of Issue Date you sign the health certificate | Certificate Number Leave blank |
|--|--|--|

If the health certificate contains blank space at the end, do not record any information here.

| | |
|---|--|
| Name of Accredited Veterinarian Your printed name (typed or handwritten in ink) | Name of USDA Veterinarian Leave blank for USDA Veterinary Medical Officer's endorsement |
| Signature of Accredited Veterinarian Your signature here | Signature of USDA Veterinarian Leave blank for USDA Veterinary Medical Officer's endorsement |
| Date Date you sign the health certificate | Date Leave blank for USDA Veterinary Medical Officer's endorsement |