

(VET CLINIC HEAD LETTER)

Health Certificate

Today I have examined animal with description as follows:

Name of animal :
Species / Breed :
Sex :
Age :
Colour :
Microchip No. :
Owner :

The animal/s described fulfill below information:

1. Rabies has not been reported within the area where the animal has lived for the last 6 (six) months.
2. The animal/s has been in country of origin for a period of not less than 6 (six) months preceding export.
3. The animal/s has been examined and found to be healthy and free from any clinical sign of rabies and infectious or contagious diseases of dog/cat, at the time of examination and certification.
4. The animal has been vaccinated against rabies using killed rabies vaccine.
5. The animals have been vaccinated with Rabies vaccine and has Rabies antibody titer greater than or equal to 0.5 IU /ml.

Vaccination information as per below:

() Distemper	() Rabies
() Hepatitis	
() Parvoviruses	
() Leptospirosis	
() Parainfluenza	
() Bordetella / Kennel Cough	
Name of Vaccine :	Name of Vaccine :
Type of Vaccine :	Type of Vaccine :
Date Given :	Date Given :
Validity :	Validity :
Producer :	Producer :
Lot No. :	Lot No. :

Date: _____

(Signature)

(Vet's Name)

(Vet's Practice License Number)