

Animal Health Certificate for dogs being exported from Hong Kong to Australia

To be completed by the Government Approved Veterinarian (i.e. private vet). Please check and fully understand the Australia's import requirements (www.daff.gov.au) and do the parasite treatments and blood samplings within the time frame before signing this certificate.

1. Animal details

Australia's Import Permit number:	
Name of animal:	
Date of birth:	
Sex: <i>(mark with an X in the appropriate box)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered female <input type="checkbox"/> If female, she is not more than 30 days pregnant or suckling young.
Microchip number:	
Site of microchip:	
Date of final examination and microchip scanning (within 5 days of export) :	____/____/_____(dd/mm/yyyy)
Contact details of Government Approved Veterinarian	Name: _____ E-mail/Contact Details: _____

2. Test/treatment record

Tests conducted	Sample collection date (dd/mm/yyyy)	Test type	Test result
Rabies Neutralising Antibody Titre Test (RNATT)		FAVN* or RFFIT* (Positive at ≥ 0.5 IU/mL) [*Strike through as required]	
<i>Ehrlichia canis</i>		IFAT (Negative at 1:40)	
<i>Leishmania infantum</i>		IFAT* or ELISA * (Negative) [*Strike through as required]	
* <i>Leptospira</i> sv. Canicola (if tested) [*Strike through as required]		MAT (Negative at 1:100)	
* <i>Brucella canis</i> (if not desexed)		RSAT* or TAT* or IFAT* (Negative) [*Strike through as required]	
*If mated, date of last mating: [Strike through as required]			

Treatments/Vaccinations administered	Treatment/Vaccination date(s) (dd/mm/yyyy)	Treatment/Vaccination* type (List product name, active Ingredient and dose rate for each) *for vaccinations also indicate the booster due date
Rabies vaccination		
Canine influenza virus vaccination (dogs from the United States of America only)		
<i>Leptospira</i> sv. Canicola (if not tested)		
<i>Babesia canis rossi</i> (dogs that have visited mainland Africa only)[*Strike through as required]	1.	
	*2.	
External parasites [*Strike through as required]	1.	
	*2.	
	*3.	
Internal parasites	1.	
	2.	

I undertake that the captioned information is true and correct to the best of my knowledge. I have scanned and examined the animal on _____(date) and it has no clinical signs of infectious and contagious diseases and is fit to travel.

Signature of Veterinarian: _____

Name of Veterinarian: _____

Date: _____

Chop of Veterinary Centre:
