

## Animal Health Certificate for Cats Exported from Hong Kong to Australia

To be completed by the Government Approved Veterinarian (i.e. registered vet). Please check and fully understand the Australia's import requirements (<http://www.agriculture.gov.au/>) and perform the parasite treatments and blood sampling within the time frame before signing this certificate.

### 1. Animal Details

Australia's Import Permit Number:	
Name of Animal:	
Date of Birth:	
Sex: (mark with an X in the appropriate box)	<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 ( <b>within 5 days of export</b> ):	____/____/_____(dd/mm/yyyy)
Contact Details of Government Approved Veterinarian	Name: _____ E-mail/Contact Details: _____

- I have checked and fully understood the Australia's import requirements (<http://www.agriculture.gov.au/>) and performs the parasite treatments and blood sampling within the time frame before signing this certificate.  
(mark with an X in the appropriate box)

### 2. Test/Treatment Record

Tests Conducted	Sample Collection Date (dd/mm/yyyy)	Test Type [*Strike through as required]	Test Result
Rabies Neutralising Antibody Titre Test (RNATT)		FAVN* or RFFIT* (Positive at $\geq 0.5$ IU/mL)	

Signature of Veterinarian: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_

Chop of Veterinary Centre:
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Treatments/Vaccinations administrated	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		Name of product: (Due date):
External Parasites  [*Strike through as required]  (Mark with an X in the appropriate box)	1.	Name of product:
		Active ingredient :
		Dosage :
		Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No
	*2.	Name of product:
		Active ingredient :
		Dosage :
		Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No
	*3.	Name of product:
Active ingredient :		
Dosage :		
Ticks and/or fleas are found after animal examination? <input type="checkbox"/> No		
Internal Parasites	1.	Name of product:
		Active ingredient :
		Dosage :
	2.	Name of product:
		Active ingredient :
		Dosage :

**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: